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Experiencing Homelessness in Bloomington-Normal, Illinois: Resources and Needs for Shelter and Supportive Services

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in Bloomington-Normal, Illinois:

Resources and Needs for Shelter and Supportive Services

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Produced for

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NOTE: A separate addendum to this report, provided to The Salvation Army, contains information specific to Safe Harbor Shelter and the Bloomington Corps.

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1. Executive Summary

The Salvation Army of Bloomington, Illinois, plans to rebuild its current homeless shelter, Safe Harbor. In August 2002, The Salvation Army commissioned the Applied Social Research Unit (ASRU) of Illinois State University to conduct research about homelessness, housing needs and availability, and resources and needs for supportive services. The primary goal of ASRU's research and this report is to inform The Salvation Army's plans for shelter design, utilization, and associated programming. (A separate addendum to this report released to The Salvation Army contains information specific to the Bloomington Corps's and Safe Harbor Shelter's operations and facilities.) A potential outcome of this report—one called for by study participants—is increased community awareness about homelessness issues. Increased awareness can strengthen connections among people experiencing homelessness, community organizations and services (e.g., health and human services, government, faith-based), and McLean County residents to address homelessness and related issues.

Research activities

This research updates some information published in *Assessment 2000: Health and Human Services in McLean County* and the *Consolidated Housing and Community Development Plan* of the City of Bloomington.[1.1] ASRU also collected additional information using the following qualitative and quantitative research methods:

- Review of public data collected by government and social service agencies; and review of organizational information, local reports, directories, and planning documents regarding homelessness, housing, and supportive services.
- Key informant interviews with 19 individuals and a group of 4 people regarding needs, resources, and improvements to local facilities and services. Key informants included people experiencing homelessness and representatives of local organizations.
- Five focus groups—two groups with The Salvation Army's Safe Harbor Shelter clients and other people experiencing homelessness, and three groups with representatives of community-based organizations—regarding the needs of people experiencing homelessness in Bloomington-Normal, the reputations of The Salvation Army's Bloomington Corps and its Safe Harbor Shelter, and potential improvements to the Shelter's facilities and services. A total of 48 people participated in focus groups.
- Brief review of models for providing housing and services to people experiencing or in transition from homelessness.

Note that this study did not *count* the number of people experiencing homelessness in Bloomington-Normal, nor did it project numbers of people who will experience homelessness in the future. And

[1.1] Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000); City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000).

although homelessness is by no means exclusively an urban issue, this study focused on resources and needs in Bloomington-Normal, rather than in McLean County as a whole.

ASRU worked with The Salvation Army staff to define the project and to identify study participants and protocol for interviews and focus groups. Although ASRU solicited participation from a range of individuals and organizations, the majority of study participants were social service providers. In all, more than 100 individuals and 50 organizations participated directly in research activities.

Challenges and resources

Despite, or perhaps because of, its many assets, Bloomington-Normal is confronted with homelessness. Although homelessness disproportionately affects those who are poor, people experiencing homelessness come from all backgrounds: homelessness has no socio-economic boundaries. The McLean County Continuum of Care tracks in its Regional Online Service Information System (ROSIE) those people experiencing homelessness who receive services.[1.2] According to PATH (Providing Access to Help), cases tracked in ROSIE are the majority—but not all—of persons experiencing homelessness in Bloomington. These numbers, however, do not include the number of those at risk for homelessness.

The total number of individuals served by the McLean County Continuum of Care increased 53 percent, from 535 to 819, from fiscal year 2000 to fiscal year 2002. The number of singles not in families increased 84 percent over the three years, from 192 to 354. In addition, from fiscal year 2000 to fiscal year 2002, the number of adults in families increased by 35 percent, from 141 to 190, and the number of children in families increased by 36 percent, from 202 to 275. The number of people *not in families* grew at a much faster rate than the number of people *in families* served by the McLean County Continuum of Care from fiscal year 2000 to fiscal year 2002.

Adults (aged 18 and older) constitute the majority of those served by the McLean County Continuum of Care for whom age data are available (83 percent), although Project Oz reports increasing numbers of youth requiring assistance. An extremely disproportionate number of African-Americans experience homelessness: of McLean County Continuum of Care clients for whom race data are available, 52 percent were African-American in fiscal year 2002. The U.S. Census Bureau reports that in 2000, only 8.6 percent of Bloomington's population and 7.7 percent of Normal's population were African-American.[1.3] Data regarding the sex of adults served were not available for this report; PATH (Providing Access to Help) will prepare these data in June 2003.

The McLean County Continuum of Care records information at intake about the special characteristics of those served. For fiscal year 2002, 161 people served by the McLean County Continuum of Care reported mental illness at intake, 147 reported alcohol abuse, and 130 reported drug abuse.[1.4] Smaller numbers of individuals reported veteran status, physical disability, domestic violence, or developmental

[1.2] According to PATH, the following organizations and individuals provide data for ROSIE: PATH, The Salvation Army's Safe Harbor Shelter, University of Illinois Extension Life Skills Worker, Career Link Job Developer, Housing Authority of the City of Bloomington Transitional Housing Case Manager, and the Continuum of Care Independent Case Manager. PATH adds that the Community Health Care Clinic, Partners for Community's Recycling for Families, and The Children's Foundation's Crisis Nursery also provide data to ROSIE for their clients experiencing homelessness.

[1.3] U.S. Census Bureau, *Quick Tables, Public Law 94-171 Table, Race, Hispanic or Latino, and Age: 2000*, [Internet], http://www.census.gov, (accessed February 2003).

[1.4] These numbers may include duplications, e.g., one person reporting more than one characteristic.

disability. Because all of these characteristics are self-reported, actual incidence of these conditions is likely higher than these numbers indicate.

Clearly, people experiencing homelessness in McLean County do not fit a single profile. They have, however, a common need for shelter and supportive services. Figure 1.1 highlights the shelter, housing, and supportive services challenges facing Bloomington-Normal that emerged through research activities.[1.5]

Figure 1.1: Challenges and Resources for Shelter, Housing, and Supportive Services in Bloomington-Normal

Challenges	Resources
Need facilities for various populations of people experiencing homelessness.	McLean County Continuum of Care as a tool for communication and coordination so that none fall through the cracks. Organizations currently providing shelter, with possibility to increase capacity.
Conflicting or insufficient estimations of the number and characteristics of people experiencing homelessness.	Organizations' willingness to share information. Potential to eliminate some uncertainty by improving and integrating intake and tracking systems.
Increase in number of people experiencing homelessness.	Organizations already serving people experiencing homelessness and/or focusing on prevention, with capability to increase efforts.
Enhancement of emergency shelter resources.	Experienced providers. Community's commitment to inclusive, stable, and safe emergency shelter. Community's financial donations, input about essential shelter features, and other contributions.
Shortage of supportive housing.	Housing with supervision and case management currently provided, with possibility to increase capacity and share expertise with other organizations.
Lack of affordable housing.	Community organizations addressing this issue and/or creating affordable housing options. Potential incentives for developers.
Barriers to services for people experiencing homelessness.	Providers' recognition of barriers and commitment to overcoming them. McLean County Continuum of Care as catalyst for co-location of services and training of providers. Plans to improve public transportation. Possible/existing partnerships with child care, health care, and dental care providers.
Social isolation of people experiencing homelessness.	People experiencing homelessness with knowledge and skills to contribute. Multiple opportunities for outreach from faith-based and other organizations. Army of volunteers. Dedicated social service staff.
Need for day center.	Plans to renovate church space, with fundraising underway. Possibility for expanded hours/services at emergency shelters.
Need for supportive employment and job coaching.	Businesses needing all kinds of workers. McLean County Continuum of Care interest in these issues. Unlimited number of potential mentors in workforce.

Figure 1.1 continued on next page

[1.5] Figure 1.1 echoes some of the same issues found in Applied Social Research Unit, *Assessment 2000*, 2-6.

Figure 1.1 continued

Challenges	Resources
Lack of affordable and timely substance abuse and mental health treatment options.	Possible partnerships among health care organizations, social service providers, and educational institutions. Community wealth to contribute to existing services and to develop new resources.
Some lack of knowledge of services available.	PATH (Providing Access to Help), McLean County Continuum of Care, and other organizations serving as points of referral. Organizations' desire to share information.
Need for community awareness of circumstances of people experiencing homelessness.	Media attention. Efforts of local organizations to raise awareness, e.g., through Homeless Awareness Week.

Conclusions and recommendations

In light of the current sluggish economy, government budget shortfalls, and the aftermath of welfare reform, the community may find its numbers of individuals and families experiencing homelessness continuing to increase. Bloomington-Normal's existing network of services, both mainstream and specifically for people experiencing homelessness, is clearly a strength to be built upon.

Four overlapping themes that can guide efforts to address homelessness pressures emerged from this study. In response to rising demands to serve people experiencing homelessness and those at risk for homelessness, local organizations should continue to improve ***communication***. Computer technology, active outreach to other organizations, and use of available training sessions can improve information sharing. The McLean County Continuum of Care and its member organizations can continue to solicit an increased level of ***collaboration*** within and outside of their network. Specifically, joint efforts of social service organizations, church congregations, businesses, government entities, and individual volunteers (including those experiencing homelessness) can overcome the challenges listed in Figure 1.1. One of the most powerful conclusions of this report is that people experiencing homelessness need ***social connection***, to each other and to others in the community. These connections can grow through outreach from individuals and organizations, as well as recognition of the contributions and potential of people experiencing homelessness. ***Community education*** can spur Bloomington-Normal residents to get involved—in advocacy, in direct service, in prevention, and most importantly, in compassion.

Research activities and resulting information suggest the following recommendations for strengthening Bloomington-Normal's work with people experiencing homelessness. A general recommendation is to *use* this report and existing community reports (e.g., *Assessment 2000*) to stimulate discussion and planning, to identify needs, and to document needs for grant proposals.

Expand/ensure resources for multiple populations. By carefully considering the supply of and demand for community resources (e.g., various types of housing), organizations can determine which of several specific populations to address with new and/or expanded services. Participants in this study mentioned the need to support the following populations: single men and women; women with children (especially several children); families; ex-prisoners reentering the community; those with substance abuse disorders, mental illness, and/or other disabilities; and teens under age 18. Seemingly everyone is included in this list. The point is that organizations need to be clear about whom they wish to serve and to work together to ensure that no one slips through the cracks.

Implement day center. The collaborative efforts of the Bloomington Coalition for the Homeless are an excellent start at working together to address an ongoing community need. Combining this day center with Homeless Services Center HUB programs, within a one-stop shop, will facilitate outreach, case management, and service provision. Organizers should consider how screening and/or services for those with substance abuse and/or mental health problems could be provided on-site.

Initiate supportive employment. Information from research activities suggests that supportive employment could assist people experiencing homelessness in attaining self-sufficiency. The McLean County Continuum of Care could expand its job development services to include not only training and job search assistance but also job coaching.[1.6] Stronger relationships among businesses, nonprofit organizations, and emergency shelters could increase opportunities for supportive job placements in a variety of environments. The Occupational Development Center's work can provide ideas for how services to people experiencing homelessness might be structured.

Improve access to disability services. *Assessment 2000* and this study identified gaps in availability of care for uninsured and low-income people with mental and substance abuse disabilities (including those dually diagnosed).[1.7] The McLean County Health Department, organizations directly providing these services, and organizations targeting people experiencing homelessness should consider how they can work together to expand/extend services to low-income people with disabilities.

Locate services with housing. As recommended in *Assessment 2000*, service providers can enhance their effectiveness by "co-housing information and services."[1.8] For organizations working with people experiencing homelessness, suggestions include strengthening case management and tying it to emergency shelter, locating services within a day center (as mentioned above), and developing additional supportive housing options (which potentially cost the same as or less than, and are more effective than, supporting persons experiencing homelessness through emergency shelter facilities and revolving social services).[1.9]

Intensify focus on prevention. Communities can begin to craft long-term solutions to homelessness by considering and addressing its "root" causes. In addition to existing rental, utility, and other emergency assistance programs, as well as the McLean County Continuum of Care's efforts to help people experiencing homelessness access mainstream programs (e.g., Food Stamps), local providers may need to help renters reach mediated solutions with landlords. Furthermore, Bloomington-Normal must continue to address affordable housing issues (as suggested in *Assessment 2000* and the Community Advocacy Network's recent study of affordable rental housing needs), which will help to prevent homelessness and provide resources for those transitioning out of homelessness.[1.10] Relationships with and incentives to landlords and developers can result in mutually beneficial

[1.6] A January 28, 2003, letter from PATH (Providing Access to Help), the lead McLean County Continuum of Care organization, requests proposals from local organizations to provide job developer and employment support services, including "on-the-job coaching services."
[1.7] Applied Social Research Unit, *Assessment 2000*, 128-129.
[1.8] Ibid., 128.
[1.9] Burt, M.R., "Washington News and Views: Time for a Common Sense Policy on Homelessness," *Shelterforce Online*, 122, [Internet], http://www.nhi.org/online/issues.html, (March/April 2002); Corporation for Supportive Housing, [Internet], http://www.csh.org/index.html, (accessed January 2003).
[1.10] Applied Social Research Unit, *Assessment 2000*, 52; Community Advocacy Network, *A Comprehensive Study of Affordable Rental Needs in the Bloomington-Normal Community*, (Bloomington, IL, Summer 2002).

arrangements. The National Housing Institute asserts that 15 years of research support the importance of housing, above all else, in ending homelessness:

> Providing housing helps currently homeless people leave homelessness; in fact, without housing, virtually nothing else works. Housing often needs to be accompanied by supportive services, at least for a time, but such services without the housing do not end homelessness.[1.11]

Investigate models. Knowledge of model shelters and supportive services can help Bloomington-Normal organizations improve upon others' successes. These models and best practices can give a sense of the range of approaches to homelessness and stimulate new ideas. Use of models, particularly those that have been evaluated as successful, can strengthen fund-raising efforts.

[1.11] Burt, M.R., "Common Sense Policy."

2. Acknowledgements

In all, more than 100 individuals and 50 organizations directly participated in this research project, and many more were invited to participate. The Applied Social Research Unit (ASRU) deeply appreciates the research, experiences, and insights that participants shared. ASRU wishes to recognize the following individuals and organizations, whose representatives took part in one or more of the research activities that informed this report:

People Who Are Experiencing or Have Experienced Homelessness

Participating Organizations

♦ Bloomington Public Library ♦ Bloomington Public Schools-District 87
♦ BroMenn Regional Medical Center ♦ Calvary United Methodist Church ♦ Career Link
♦ Chestnut Health Systems ♦ City of Bloomington, Fire Department ♦ City of Bloomington, Planning and Code Enforcement Department ♦ City of Bloomington, Police Department
♦ City of Bloomington Township ♦ Clare House of Hospitality ♦ Collaborative Solutions Institute
♦ Community Advocacy Network ♦ Community Connections (Washington, D.C.)
♦ Community Mental Health Council ♦ Countering Domestic Violence/Neville House, Mid Central Community Action ♦ First Christian Church ♦ First Presbyterian Church of Normal
♦ Habitat for Humanity of McLean County, Inc. ♦ Heart House and Heartline (Eureka)
♦ Helping Hands of Springfield ♦ Home Sweet Home Mission ♦ Homes of Hope, Inc.
♦ Housing Authority of the City of Bloomington ♦ Human Service Center (Peoria)
♦ Illinois Department of Human Services ♦ Illinois Institute for Addiction Recovery
♦ Illinois State University (multiple departments) ♦ Jesus Coffeehouse
♦ LIFE Center for Independent Living ♦ Marc Center ♦ Mayors Manor, Mid Central Community Action ♦ McLean County Center for Human Services, Inc.
♦ McLean County Chamber of Commerce ♦ McLean County Continuum of Care ♦ McLean County Health Department ♦ Mid Central Community Action ♦ Office of Rehabilitation Services, Illinois Department of Human Services ♦ Olde Towne Neighborhood Association
♦ Partners for Community ♦ PATH (Providing Access to Help) ♦ Project Oz
♦ Regional Office of Education ♦ Second Presbyterian Church ♦ Social Security Administration
♦ South Side Mission (Peoria) ♦ The Baby Fold ♦ The Children's Foundation
♦ The Salvation Army, Bloomington Corps, including its Safe Harbor Shelter ♦ Town of Normal
♦ Uniquely Bloomington and Bloomington Coalition for the Homeless ♦ Unit 5 Schools
♦ United Way of Central Indiana ♦ United Way of McLean County ♦ University of Illinois Extension
♦ Veteran's Assistance Commission ♦ West Twin Grove Christian Church
♦ Western Avenue Community Center ♦ YouthBuild of McLean County ♦ YWCA of McLean County

Applied Social Research Unit, Illinois State University

♦ **AUTHOR Beverly Beyer** ♦ Cindy Caldwell ♦ Javier de la Uz ♦ Chip Dwyer
♦ **AUTHOR Sharon Mills** ♦ Susan Savage ♦ Nikki Vorpahl

2. Acknowledgements

3. Introduction

Background on homelessness

Characteristics and causes

It is estimated that on any given day, more than 800,000 persons experience homelessness in the United States.[3.1] Of that total, approximately 200,000 are children.[3.2] Homelessness is experienced by single men and women, families with or without children, and accompanied or unaccompanied youth. Homelessness is experienced in urban areas, the suburbs, smaller cities and towns, and in rural regions. Poverty, low educational attainment, few job skills, lack of social supports, alcohol or substance abuse, severe mental illness, or experiences of violence, victimization, or incarceration may put people at greater risk for homelessness; this risk increases when a person has a personal or financial crisis.[3.3] In addition, systemic or social issues including the lack of affordable housing, lack of living-wage jobs, and lack of health care and supportive services (e.g., due to unavailability, unaffordability) perpetuate homelessness.[3.4]

National response to homelessness

In the 1980s and 1990s, the United States saw increases in the number of people experiencing homelessness. The federal government first responded to homelessness specifically with creation of a task force on homelessness to provide information to communities about obtaining surplus federal property. The Homeless Persons' Survival Act, introduced in Congress in 1986, addressed emergency relief and prevention measures as well as long-term solutions; small parts of this Act were enacted into law. The Homeless Eligibility Clarification Act of 1986 removed some barriers to accessing "mainstream" programs such as Supplemental Security Income, Aid to Families with Dependent Children, Veterans Benefits, Food Stamps, and Medicaid.[3.5] The Homeless Housing Act (1986) created the Emergency Shelter Grant program and a transitional housing demonstration program, both administered by the U.S. Department of Housing and Urban Development. The Urgent Relief for the Homeless Act was signed into law in 1987; it was renamed the Stewart B. McKinney Homeless Assistance Act for its chief Republican sponsor.[3.6] In 2000, it was renamed the McKinney-Vento Homeless Assistance Act as a memorial to the late Representative Bruce Vento.[3.7]

[3.1] Burt, M.R., "What Will It Take to End Homelessness?," [Internet], http://www.urban.org, (Washington, D.C.: Urban Institute, October 1, 2001), 1.

[3.2] Ibid.

[3.3] Burt, M.R., L.Y. Aron, T. Douglas, J. Valente, E. Lee, and B. Iwen, *Homelessness: Programs and the People They Serve, Findings of the National Survey of Homeless Assistance Providers and Clients, Summary*, (Washington, D.C.: Urban Institute, December 1999), 13.

[3.4] Chicago Coalition for the Homeless, "Homelessness: The Causes and the Facts," *The Facts Behind the Faces*, [Internet], http://www.chicagohomeless.org/factsfigures/facts.htm, (Chicago, IL, Summer 2002); Burt, M.R., "What Will it Take to End Homelessness?" For a full literature review, see H. Sommer, "Homelessness in Urban America: A Review of Literature," [Internet], http://urbanpolicy.berkeley.edu/pdf/briefbook.pdf, (Berkeley, CA: Institute of Governmental Studies Press, 2000).

[3.5] In 1997, the Temporary Assistance to Needy Families program replaced Aid to Families with Dependent Children.

[3.6] Paragraph summarized from National Coalition for the Homeless, "NCH Fact Sheet #18: The McKinney Act," [Internet], http://www.nationalhomeless.org/mckinneyfacts.html, (Washington, D.C., April 1999).

[3.7] Housing Assistance Council, "HAC News," 29:23, (Washington, D.C., November 17, 2000), 1.

3. Introduction

The Homeless Assistance Act and subsequent amendments define "homeless" and "homeless individual" as:

> (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is (A) a supervised publicly operated shelter designed to provide temporary living accommodations . . . .; (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.[3.8]

This Act established the Interagency Council on the Homeless and authorized programs administered by various federal agencies to provide services (and grants) related to: emergency shelter and transitional housing, some permanent housing, job training and education, food stamps and emergency food, and primary and mental health care.

In 2002, the Bush Administration made public its plan to "better coordinate the nation's response to homelessness" and to provide funding for "permanent housing and critical services to end chronic homelessness."[3.9] The plan includes a focus on: prevention; increasing access to mainstream services (including Medicaid, Temporary Assistance to Needy Families, Food Stamps, and mental health and drug and alcohol addiction programs); education and support through school districts for children experiencing homelessness; and removing barriers to grassroots community- and faith-based organizations' access to federal funding.

The National Coalition for the Homeless (NCH) has expressed opposition to the government's "chronic homeless" initiative, asserting that the "terminology distorts the history, causes, and nature of homelessness; that the [initiative's] policies . . . pit vulnerable populations against each other in competition for scarce federal resources; and that . . . the initiative as a whole—terminology and policy—is short-sighted and likely to exacerbate, rather than end, homelessness. . . ." The NCH adds: "People who are homeless and who have disabilities do not need yet another stigmatizing, pathologizing label [chronic homeless]. Homelessness is primarily an economic condition, not a medical condition." The NCH has urged Congress and the White House to focus on the "underlying causes of homelessness: lack of affordable housing, insufficient incomes, and inadequate health care."[3.10]

McLean County's response to homelessness

McLean County's wealth includes its network of health and human service organizations: its hospitals, clinics, social and civic organizations, governmental agencies, schools, faith-based institutions, and other community-based organizations. Its wealth also includes the staff and volunteers who serve the community through these organizations. Poverty, homelessness, and other problems—as well as the organizations addressing these issues—are not new to Bloomington-Normal and the County. The Salvation Army has had a social service presence in the County since approximately 1887; Home Sweet

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[3.8] *Title 42 USC, Chapter 119—Homeless Assistance, Subchapter 1, Section 11302,* [Internet], http://uscode.house.gov/usc.htm, (January 1, 2001).

[3.9] U.S. Department of Housing and Urban Development, "Martinez Outlines Bush Administration Strategy to Combat Chronic Homelessness," [Internet], http://www.sdhda.org/prudhmls.doc, (July 19, 2002). In this case, the term "chronic homelessness" refers to those who have an addiction or a physical or mental disability and have been continuously homeless for a year or more—about ten percent of the population of people experiencing homelessness.

[3.10] National Coalition for the Homeless, "NCH Announces Opposition to 'Chronic Homeless' Initiative," [Internet], http://www.nationalhomeless.org/chronic/index.html, (accessed January 2003).

Home Mission opened in 1917.[3.11] Both organizations continue here today. Others have been replaced. For instance, when the Connection House Shelter closed, other organizations stepped in to meet the need. According to one of its brochures, Project Oz started its Host Homes Program in 1990 to provide "emergency services for runaway and homeless youth and their families," in part through Host Home families who open their homes to young people needing shelter.

In the late 1980s, the community also witnessed about 12 adults—the "chronic homeless" according to one study participant—living on the streets. The United Way of McLean County, with input from community organizations and members, distributed a request for proposals to start an emergency shelter. The Salvation Army was the only organization to respond with a proposal. The Salvation Army's Safe Harbor Shelter began in 1991 to provide food and an overnight stay from October through April to individuals experiencing homelessness who were not eligible for other services. Since that time, Safe Harbor's program has expanded to year-round operation and can accommodate up to 52 adults per night.

The McLean County Continuum of Care was established in 1997 to coordinate both housing and services for people experiencing homelessness. According to its Homeless Services Center HUB brochure, the Continuum, "a consortium of local homeless service providers, . . . [exists] to help homeless individuals and families transition from homeless [*sic*] to permanent housing by increasing their self-sufficiency through the provision of necessary supportive services."[3.12] In McLean County, PATH (Providing Access to Help) Crisis Center serves as the Continuum's lead agency; the City of Bloomington administers federal funding coming to the Continuum. McLean County's Continuum of Care is part of the 13-county Central Illinois Continuum of Care.

Purpose of this resources and needs assessment

The Salvation Army of Bloomington, Illinois, plans to rebuild its current homeless shelter, Safe Harbor. In August 2002, The Salvation Army commissioned the Applied Social Research Unit (ASRU) of Illinois State University to conduct research about homelessness, housing needs and availability, and resources and needs for supportive services. The primary goal of ASRU's research and this report is to inform The Salvation Army's plans for shelter design, utilization, and associated programming. (A separate addendum to this report contains information specific to The Salvation Army.) A potential outcome of this report—one called for by study participants—is increased community awareness about homelessness issues. Increased awareness can strengthen connections among people experiencing homelessness, community organizations and services (e.g., health and human services, government, faith-based), and McLean County residents to address homelessness and related issues.

Research methods

This research updates some information published in *Assessment 2000: Health and Human Services in McLean County* and the *Consolidated Housing and Community Development Plan* of the City of

[3.11] Throughout this report, "The Salvation Army" refers specifically to the Bloomington Corps of The Salvation Army, unless otherwise noted.
[3.12] Throughout this report, "Continuum" or "Continuum of Care" refers specifically to the McLean County Continuum of Care, unless otherwise noted.

Bloomington.[3.13] ASRU also collected additional information using the following qualitative and quantitative research methods:

- Review of public data collected by government and social service agencies; and review of organizational information, local reports, directories, and planning documents regarding homelessness, housing, and supportive services.
- Key informant interviews with 19 individuals and a group of 4 people regarding needs, resources, and improvements to local facilities and services. Key informants included people experiencing homelessness and representatives of local organizations.
- Five focus groups—two groups with The Salvation Army's Safe Harbor clients and other people experiencing homelessness and three groups with representatives of community-based organizations—regarding the needs of people experiencing homelessness in Bloomington-Normal, the reputations of The Salvation Army's Bloomington Corps and its Safe Harbor Shelter, and potential improvements to the Shelter's facilities and services. A total of 48 people participated in focus groups.
- Brief review of models for providing housing and services to people experiencing or in transition from homelessness.

ASRU worked with The Salvation Army staff to define the project and information needs and to identify study participants and protocol for interviews and focus groups. In all, more than 100 individuals and 50 organizations participated directly in research activities. This report is a culmination of the information they shared.

Report structure

This report comprises narrative and figures related to the experience of homelessness in Bloomington-Normal and facilities and services available and necessary to address this issue. Sections 1 and 2 provide a brief Executive Summary and acknowledge contributions to the project. Section 3 (this section) provides an introduction to homelessness perspectives, resources, and the project's purpose and methods. Section 4 provides detail about the project's methods, questions, and limitations. Section 5 provides a profile of people experiencing homelessness in McLean County and suggests populations of people that could be better served with improvements to facilities and services. Section 6 outlines shelter, supportive housing, and affordable housing options in Bloomington-Normal and discusses needs for additional housing. Section 7 discusses availability of and access to supportive services for people experiencing homelessness. Section 8 includes conclusions and recommendations, informed by research activities and study participants. Several models for housing, services, and organization and delivery of these resources are included in this section. Finally, section 9 provides a Bibliography of general literature, data, and other documents that were consulted in the course of the project. A separate addendum released to The Salvation Army provides information specific to the Bloomington Corps and its Safe Harbor Shelter.

[3.13] Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000); City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000).

4. Methods and Limitations

The Applied Social Research Unit (ASRU) combined quantitative and qualitative research approaches to best inform The Salvation Army's plans for shelter design, use, and associated programming. Working within the parameters set by its contract with The Salvation Army, ASRU collected public data, interviewed key informants, conducted focus groups, and identified models. More than 100 individuals and 50 organizations directly participated in this research project.

Methods

- ***Public data collection.*** ASRU staff identified and updated over 90 data points in both *Assessment 2000: Health and Human Services in McLean County* and the *Consolidated Housing and Community Development Plan* of the City of Bloomington and sought supplementary data from local organizations.[4.1] ASRU made direct requests to local and state organizations and reviewed Internet sources. ASRU staff also attended the Homelessness and Affordable Housing public forum on March 13, 2002, the Homeless Awareness Week luncheon and Homeless Services Center HUB open house in November of 2002, and three McLean County Continuum of Care meetings. Sections 2 and 9 of this report reflect the broad range of public data sources consulted by ASRU.

- ***Key informant interviews.*** Over the course of four months, ASRU staff met with 19 individuals and a group of 4 people at locations convenient for the interviewees. Key informants included people experiencing homelessness and representatives of local organizations. ASRU identified these informants through governmental agencies, social service organizations, community associations, and other local networks. Key informant interviews explored current service provision to individuals and families experiencing homelessness; identified trends, opportunities, and barriers associated with service planning and provision; offered diverse perspectives on how challenges can be addressed; and followed up on main issues emerging from other research activities. Interviews were semi-structured, in that interviewers worked from the following list of questions but encouraged participants to discuss what they believe to be important.

  General questions:
  1. What do individuals experiencing homelessness need from local service providers?
  2. What are the strengths of service provision to people experiencing homelessness in Bloomington-Normal?
  3. What kinds of improvements might be made to local services and facilities to better meet the needs of people experiencing homelessness?

[4.1] Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000); City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000).

4. Are there any underused facilities and resources in Bloomington-Normal that could better serve these individuals and families? (If so, describe them.)
5. Is there any duplication of services provided to people experiencing homelessness in Bloomington-Normal? (If so, describe.)
6. What are some of the barriers that might keep people experiencing homelessness from using existing local services?

The Salvation Army/Safe Harbor Shelter questions:

7. How would you describe The Salvation Army's/Safe Harbor's reputation in Bloomington-Normal? Among social service providers? And among people experiencing homelessness?
8. What are the strengths of Bloomington's Salvation Army/Safe Harbor? What are its weaknesses?
9. How would you evaluate The Salvation Army's/Safe Harbor's relationship with other service providers in Bloomington-Normal? How does The Salvation Army/Safe Harbor work with these organizations?
10. What can you tell me about the services that The Salvation Army provides? What about its services and facilities specifically for people experiencing homelessness?
11. How effective is The Salvation Army/Safe Harbor in meeting the needs of persons experiencing homelessness? What about individuals or families moving from emergency shelters to transitional housing? Or from transitional housing to permanent housing?
12. Are there any specific populations of people experiencing homelessness who could be better served by The Salvation Army/Safe Harbor? If so, who and how?
13. What recommendations do you have regarding The Salvation Army's facilities and services for people experiencing homelessness? Is there any need to expand or shrink specific facilities or services?
14. Have you used The Salvation Army/Safe Harbor facilities to provide services? If so, how?

Closing questions:

15. Do you or your organization have any data or reports relating to homelessness, shelter or transitional housing, or other basic services for people experiencing homelessness? Can you share them with us?
16. Can you suggest people who should be included in other interviews or focus group discussions about these issues?
17. What haven't I asked you that I should have asked? Do you have any other thoughts that could inform this study?

Most interviews lasted approximately one hour, but some were longer. ASRU staff also conducted follow-up interviews with a few participants.

- ***Focus groups.*** ASRU conducted five focus groups on two days in November 2002. Two of the groups, held at the Bloomington Public Library, were with a total of 16 people who were experiencing or had experienced homelessness; most were staying at The Salvation Army's Safe Harbor Shelter. ASRU staff distributed flyers advertising these focus groups at Safe Harbor Shelter, Home Sweet Home Mission, and the Homeless Services Center HUB. The other three focus groups, held at the Normal Public Library, were with a total of 32 representatives of social service agencies and other local organizations. ASRU staff asked the same questions of all five groups:

1. Which key issues would you target first to better meet the needs of people experiencing homelessness in Bloomington-Normal? Why?
2. How would you describe the reputations of the local Salvation Army and its Safe Harbor Shelter?
3. What advice would you give the local Salvation Army and its Safe Harbor about how to improve facilities and services for people experiencing homelessness?

Focus groups met for one and a half hours. Participants had the opportunity to speak individually with ASRU staff and to write down any comments that they did not wish or have a chance to share with the group.

- ***Models.*** ASRU staff selected models for shelter facilities and services based on the themes that emerged from research activities. These models may be from communities of a different size and region than Bloomington-Normal, but each contains elements that could be replicated here. Additionally, ASRU staff collected information about several effective practices and organizations mentioned by key informants and focus group participants.

ASRU works within the guidelines established by Illinois State University's Institutional Review Board. Participation in this study was strictly voluntary. ASRU is committed to maintaining study participants' confidentiality at all times. Specifically, ASRU has not used participants' names in project reporting either to identify participants or to identify specific comments.

Limitations

The Salvation Army commissioned this report to assess the needs and resources of Bloomington-Normal in relation to homelessness. Such a study is required by policies of The Salvation Army prior to strategic planning and capital development for construction of a new building, in this case a new emergency shelter for people experiencing homelessness. ASRU collaborated with The Salvation Army in selecting research activities and sought to tailor research to meet The Salvation Army's needs (e.g., asking questions about The Salvation Army's reputation). ASRU's goal was to balance a general study of homelessness in this community with a more focused examination of the facilities and services The Salvation Army provides.

To achieve this balance, ASRU solicited participation from a range of individuals and organizations (see section 2 of this report). The majority of study participants, however, were social service providers—a logical source of information given ASRU's charge to assess the needs of people experiencing homelessness in Bloomington-Normal and the resources available to meet those needs. That being said, social service providers may have a view of the causes of and remedies for homelessness that is not shared by everyone in the community. Furthermore, although homelessness is by no means exclusively an urban issue, our focus was on resources and needs in Bloomington-Normal (where the majority of service providers are located), rather than in McLean County as a whole.[4.2]

In addition to balancing the perspectives of study participants, ASRU also sought to balance quantitative and qualitative methods. Used alone, quantitative methods may lead to depersonalized reporting, and,

[4.2] Applied Social Research Unit, *Assessment 2000*, 35.

with people experiencing homelessness, they can be particularly problematic. The National Coalition for the Homeless reports that attempts to count people experiencing homelessness may overlook significant numbers of people: "by its very nature, homelessness is impossible to measure with 100 percent accuracy."[4.3] At the same time, qualitative methods yield data that cannot be statistically generalized to a broader population. By employing both methods, ASRU seeks to give a sense of the scope of homelessness in Bloomington-Normal without losing sight of the day-to-day struggles of people experiencing homelessness in this community. Note that this study did not *count* the number of people experiencing homelessness in Bloomington-Normal, nor did it project numbers of people who will experience homelessness in the future.

ASRU staff members are not experts in the experience of homelessness, but we are experts in applied social research. This report is the result of objective, thoughtful analysis of what the experts—the social service providers, the people experiencing homelessness, the statisticians, the advocates, the church and business leaders, the civil servants, and the downtown residents—have told us. We hope this report serves the community well.

[4.3] National Coalition for the Homeless, "NCH Fact Sheet #2: How Many People Experience Homelessness?," [Internet], http://www.nationalhomeless.org/numbers.html, (Washington, D.C., September 2002).

5. Demographics

McLean County population

McLean County, the largest county in Illinois with approximately 762,240 acres, encompasses some of the richest farmland in the nation.[5.1] At its metropolitan center are the twin cities of Bloomington-Normal. The City of Bloomington and Town of Normal lie at the intersection of Interstates 39, 55, and 74, just 125 miles southwest of Chicago.[5.2] State Farm Insurance Companies, headquartered in the twin cities, is the major employer. [5.3] Other major employers include Illinois State University, Mitsubishi Motor Manufacturing of America, Country Insurance and Investment, and BroMenn Healthcare.[5.4] Bloomington-Normal is also home to Heartland Community College, Illinois Wesleyan University, and Lincoln College-Normal.

The population of McLean County is growing rapidly. The 2000 Census indicates that McLean County's total population was 150,433, up 16 percent from 129,180 in 1990.[5.5] McLean County's population is also on the move. More McLean County residents (53.6 percent) than Illinois residents (43.2 percent) aged five and older included in the 2000 Census had moved within the last five years.[5.6] Only 5.4 percent of McLean County's housing units were vacant in 2000.[5.7]

Of the total 2000 population in McLean County, 110,194 residents (or 73 percent) lived in Bloomington-Normal.[5.8] Bloomington's population grew between 1990 and 2000 by 25 percent, from 51,972 residents to 64,808 residents.[5.9] Normal's population also grew during that decade from 40,023 residents to 45,386 (a 13 percent increase).[5.10] The Economic Development Council of the Bloomington-Normal Area projects that growth will continue through the year 2020.[5.11]

[5.1] City of Bloomington, *About the City: City Profile*, [Internet], http://www.cityhall.ci.bloomington.il.us/cityhall, (accessed January 2003).
[5.2] Ibid.
[5.3] Economic Development Council of the Bloomington-Normal Area, *Demographics*, [Internet], http://www.blmnmlilchmbr.com/demographics/index.html, (accessed January 2003).
[5.4] Ibid.
[5.5] U.S. Census Bureau, *Geographical Comparison Table, Table P8, Population in Households, Families, and Group Quarters: 2000*, [Internet], http://www.census.gov, (accessed October 2002); U.S. Census Bureau, *Geographical Comparison Table, Table PA, Age, Sex, and Group Quarters: 1990*, [Internet], http://www.census.gov, (accessed October 2002).
[5.6] Calculated from U.S. Census Bureau, *State and County QuickFacts*, [Internet], http://www.census.gov, (last revised September 24, 2002).
[5.7] U.S. Census Bureau, *Demographic Profiles, Table 1, Profile of General Demographic Characteristics: 2000*, [Internet], http://www.census.gov, (accessed December 2002).
[5.8] U.S. Census Bureau, *Geographical Comparison Table, Table P8, Population in Households, Families, and Group Quarters: 2000*.
[5.9] Ibid.; U.S. Census Bureau, *Geographical Comparison Table, Table PA, Age, Sex, and Group Quarters: 1990*.
[5.10] Ibid.
[5.11] Economic Development Council of the Bloomington-Normal Area, *Demographics*.

McLean County poverty

The unemployment rate in McLean County remains low—just 2.7 percent in December of 2002.[5.12] It has increased slightly over the past year, up from 2.1 percent in December of 2001.[5.13] While unemployment is low and the County is affluent, with a median household income in 1999 of $47,712, McLean County is not without poverty.[5.14] The U.S. Census Bureau estimates that 9.7 percent of McLean County individuals had 1999 incomes below the poverty level.[5.15] For the twin cities, the U.S. Census Bureau estimates that 7.8 percent of Bloomington's population and 19.3 percent of Normal's population had incomes below the 1999 poverty level.[5.16]

Female-headed families in McLean County were estimated to be over four times as likely (at 18.3 percent) as all families in McLean County (at 4.1 percent) to have 1999 incomes below the poverty level.[5.17] Furthermore, for Unit 5 Schools, 8.2 percent of the projected population of children 5 to 17 years of age was estimated to be poor in 1999.[5.18] Of the projected population of children 5 to 17 years of age in Bloomington School District 87, the U.S. Census Bureau estimated that 12.7 percent were poor in 1999.[5.19]

Despite, or perhaps because of, its many assets, Bloomington-Normal is confronted with homelessness. Although homelessness disproportionately affects those who are poor, people experiencing homelessness come from all backgrounds: homelessness has no socio-economic boundaries. In Normal Mayor Kent Karraker's 2002 Proclamation for Homelessness Awareness Week, he noted that more than 800 individuals experience homelessness locally each year.[5.20] In a recent *Pantagraph* article, Bloomington Mayor Judy Markowitz added, "These are not just homeless men walking around—these are homeless women with their kids . . . we are gong to have to come together and help these people because there but for the grace of God go I."[5.21]

[5.12] Illinois Department of Employment Security, *Local Area Profile*, [Internet], http://www.ilworkinfo.com/default.asp, (accessed February 2003).
[5.13] Ibid.
[5.14] Ibid.
[5.15] U.S. Census Bureau, *Geographical Comparison Table, Table P14, Income and Poverty in 1999: 2000*, [Internet], http://www.census.gov, (accessed October 2002). Note that these numbers are based on the official government poverty level, a controversial measure of actual poverty. In addition, these estimates are based on data from one out of six households, and therefore they are subject to sampling error.
[5.16] Ibid.
[5.17] U.S. Census Bureau, *Demographic Profiles, Table 3, Profile of Selected Economic Characteristics: 2000*, [Internet], http://www.census.gov, (accessed October 2002). These estimates are based on data from one out of six households, and therefore they are subject to sampling error.
[5.18] Calculated from U.S. Census Bureau, *Small Area Income and Poverty Estimates: 1999 School District Files*, [Internet], http://www.census.gov, (last revised December 27, 2002). These estimates are subject to sampling error.
[5.19] Ibid.
[5.20] Town of Normal, Illinois, "Proclamation," (Normal, IL, October 22, 2002).
[5.21] Richardson, S., "No Place to Call Home," *The Pantagraph*, (Bloomington, IL, November 10, 2002).

People experiencing homelessness

Estimating numbers

Usually, homelessness is a temporary state rather than a permanent condition. Therefore, it is more appropriate to measure homelessness in terms of the number of "people experiencing homelessness," rather than the number of "homeless people." While financial resources and methodological limitations restrict most studies of homelessness to counting only the people who are literally homeless (e.g., in shelters or on the street), many people without permanent housing are living with friends and relatives in temporary, crowded accommodations (e.g., "couch surfing"). In addition, some people experiencing homelessness, called the "hidden homeless," are in places that researchers cannot easily locate (e.g., living in vehicles or tents). These studies therefore underestimate the number of people in need of assistance. Researchers also choose between "point-in-time counts" (the number of people homeless on a particular day or for a given week) and "period prevalence counts" (the number of people experiencing homelessness over a longer period of time). Point-in-time counts, while presenting a snapshot of current circumstances, may distort the extent of chronic homelessness because recent studies suggest that, although "many more people experience homelessness than previously thought . . . most of these people do not remain homeless."[5.22]

While it is impossible to know the exact number of people experiencing homelessness in the United States, let alone the number of people at risk for becoming homeless, a 1987 study conducted by the Urban Institute (and widely referenced) found that 500,000 to 600,000 people lived on the streets or in emergency shelters in the United States during a one-week period.[5.23] Despite the nation's thriving economy during the 1990s, homelessness seems to have increased.[5.24] Based on the U.S. Census Bureau's 1996 *National Survey of Homeless Assistance Providers and Clients,* experts estimate that more than 800,000 people experience homelessness in the United States each day.[5.25] Of that total, approximately 200,000 are children.[5.26] While almost 1 percent (more than 2.3 million individuals) of the nation's population is likely to experience a period or periods of homelessness each year, that percentage rises to 6.3 considering only those living in poverty.[5.27] The Illinois Coalition to End Homelessness estimates that in Illinois 150,000 people (children, women, and men) per year experience homelessness and that over 60 percent of these individuals are in suburbs, small cities, small towns, and rural areas.[5.28]

[5.22] Entire paragraph drawn from National Coalition for the Homeless, "NCH Fact Sheet #2: How Many People Experience Homelessness?," [Internet], http://www.nationalhomeless.org/numbers.html, (Washington, D.C., September 2002).

[5.23] U.S. General Accounting Office, *Homelessness: Barriers to Using Mainstream Programs*, GAO/RCED-00-184, (Washington, D.C., July 2000), 5.

[5.24] Burt, M.R., "What Will It Take to End Homelessness?," [Internet], http://www.urban.org, (Washington, D.C.: Urban Institute, October 1, 2001). According to Burt, the following structural factors have contributed to this increase: "1) Changing housing markets for extremely low-income families and single adults are pricing more and more people with below-poverty incomes out of the market; 2) Dwindling employment opportunities for people with a high school education or less are contributing to the widening gap between rich and poor; 3) The removal of institutional supports for people with severe mental illness, epitomized by drastic reductions in the use of long-term hospitalization for the mentally ill, are leaving many individuals with few housing options; and 4) Racial, ethnic, and class discrimination in housing, along with local zoning restrictions that exclude affordable housing alternatives, persists in many areas."

[5.25] Ibid.

[5.26] Ibid.

[5.27] Burt, M.R., and L.Y. Aron, "America's Homeless II: Populations and Services," [Internet], http://www.urban.org, (Washington, D.C.: Urban Institute, January 1, 2000).

[5.28] Illinois Coalition to End Homelessness, "Facts About Homelessness in Illinois," [Internet], http://www.illinoiscoalition.org/facts.html, (accessed January 2003).

Homelessness in McLean County

An issue raised by several key informants and focus group participants is the perception that there are increasing numbers of people from other areas, particularly Chicago, using local facilities and services. While these data are not tracked by the Continuum of Care, key informants who provide services indicate that they are seeing more people from Chicago than in the past, and some focus group participants expressed concern about this issue. A *Pantagraph* article investigates and discredits the idea of "an organized effort to move Chicago Housing Authority residents to Bloomington-Normal as they are displaced by the Windy City's tear-down of high-rise housing."[5.29] Still, informal information networks may lead to increased migration to this resource-rich community, with its low unemployment.[5.30] *The Pantagraph* reported that "Twin City social workers agree there are more homeless in Bloomington-Normal than ever before, lured by the hope of landing jobs in the area's good economy."[5.31] Some focus group participants talked about limiting services to the new arrivals and essentially using resources to "take care of our own." Other study participants and a key informant highlighted another approach: rather than seeing these individuals and families as a liability, see them as an asset, both in terms of the diversity of this community and in terms of its need for human resources, for example to fill low-skill positions in the service sector.

How many people are experiencing homelessness in McLean County? The McLean County Continuum of Care tracks in its Regional Online Service Information System (ROSIE) those people experiencing homelessness who receive services.[5.32] According to PATH (Providing Access to Help), cases tracked in ROSIE are the majority—but not all—of persons experiencing homelessness in Bloomington. PATH indicates that almost all clients of Safe Harbor Shelter and Home Sweet Home Mission come to the Homeless Services Center HUB (and are therefore tracked in ROSIE). Only the small number of people not receiving services from the Continuum agencies would not be tracked in ROSIE. For example, those not receiving services could include individuals who use only a bed at Safe Harbor Shelter, who remain on the street, or who are in outlying areas of the County. *Assessment 2000* found that many people experiencing homelessness "are housed informally in the community"; not all of these people may be receiving services.[5.33]

Furthermore, ROSIE numbers do not include the number of those at risk for homelessness in McLean County. The Macon County, Illinois, Homeless Council Continuum of Care tracks and reports the number of people who are at risk for homelessness, which facilitates planning for shelter and services.[5.34] In their 2002 Point in Time Study for Decatur/Macon County, they define "at risk" as "an individual/family who are one step away from being forced out [of] or fleeing their homes." Examples given in their report include those with eviction notices, those experiencing domestic violence, those

[5.29] Hansen, K., "Officials Dispute Housing Rumor," *The Pantagraph*, (Bloomington, IL, December 22, 2002).
[5.30] *Assessment 2000* highlights McLean County's wealth. See especially page 127 of Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County,* (Bloomington, IL, January 2000).
[5.31] Richardson, S., "HUB Prepares to Give Warm Holiday to Homeless," *The Pantagraph*, (Bloomington, IL, December 15, 2002).
[5.32] According to PATH (Providing Access to Help), the following organizations and individuals provide data for ROSIE: PATH, The Salvation Army's Safe Harbor Shelter, University of Illinois Extension Life Skills Worker, Career Link Job Developer, Housing Authority of the City of Bloomington Transitional Housing Case Manager, and the Continuum of Care Independent Case Manager. PATH adds that the Community Health Care Clinic, Partners for Community's Recycling for Families, and The Children's Foundation's Crisis Nursery also provide data to ROSIE for their clients experiencing homelessness.
[5.33] Applied Social Research Unit, *Assessment 2000*, 52.
[5.34] Magee, D., "Homeless Survey Cites Large Need for Housing: Shelter Space Ranks High Among Concern in City," *Herald & Review*, (Decatur, IL, March 22, 2002).

released from an institution without a plan, those with condemned residences, those asked to leave by family or friends, and those undergoing a personal crisis, such as job loss. Please see section 7 of this report for a discussion of services for those at risk for homelessness.

PATH recently reported that the number of people experiencing homelessness increased 35 percent between September 2001 and September 2002.[5.35] Figure 5.1 shows the number of people experiencing homelessness served by the Continuum of Care for the last three fiscal years.[5.36] The total number of individuals served increased 53 percent, from 535 to 819. The number of singles not in families increased 84 percent over the three years, from 192 to 354. In addition, from fiscal year 2000 to fiscal year 2002, the number of adults in families increased by 35 percent, from 141 to 190, and the number of children in families increased 36 percent, from 202 to 275. Note that the number of adults and children in families decreased in the 2001 fiscal year and then increased in the 2002 fiscal year. Whether or not this is the beginning of an upward trend remains to be seen—statistics for the 2003 fiscal year will provide additional insight. In any case, the number of people *not in families* served by the Continuum of Care grew at a much faster rate than the number of people *in families* served by the Continuum of Care from fiscal year 2000 to fiscal year 2002.

Figure 5.1: Number of People Experiencing Homelessness Served by the McLean County Continuum of Care for Fiscal Years 2000, 2001, and 2002

Characteristic	June 1999-May 2000	June 2000-May 2001	June 2001-May 2002
Number of Singles not in Families	192	310	354
Number of Adults in Families	141	109	190
Number of Children in Families	202	168	275
Total People Served	535	587	819

Source: PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002); PATH, [personal communication], (January 28, 2003).

According to the Humanities Foundation, families with children are the fastest growing population of people experiencing homelessness.[5.37] New York's Homes for the Homeless, The Institute for Children and Poverty, reports that the average family experiencing homelessness is "a single mother in her 20s with two children under the age of 6."[5.38] One Illinois study found that 80 percent of agencies surveyed reported increased family homelessness in 2001.[5.39] Families with children account for about 40 percent

[5.35] Erickson, K., "Dome May Be Home in Cold," *The Pantagraph*, (Bloomington, IL, February 8, 2003).

[5.36] At the time of this report, data for numbers served *since* May 2002 were not available. Note that annual ROSIE numbers do not include those who were already receiving services before the start of a new year; however, an individual who does not receive service for 90 days and then returns for services is entered as a new case. The U.S. Department of Housing and Urban Development allows some information to be estimated (e.g., when clients provide incomplete data). Data estimates for fiscal years 2000 and 2001 mean that totals in Figures 5.2 and 5.3 will not match the totals in Figure 5.1 or each other's totals. None of the data for fiscal year 2002 were estimated, and demographic data relating to age, race, etc., were not available (for 176 children) or were still being compiled (for 60 adults). For this reason, the fiscal year 2002 totals in Figures 5.2 and 5.3 are substantially lower than the total in Figure 5.1. Again, the totals in each of the figures may not match.

[5.37] Humanities Foundation, "Homelessness Facts," [Internet], http://capwiz.com/humanities, (accessed February 2003).

[5.38] Homes for the Homeless, The Institute for Children and Poverty, "Facts About Homelessness," [Internet], http://www.homesforthehomeless.com/facts.html, (accessed January 2003).

[5.39] Chicago Coalition for the Homeless, "Putting Children First: Ending Family Homelessness in Illinois, A Statewide Survey of Family Homelessness in Illinois," [Internet], http://www.chicagohomeless.org/factsfigures/facts.htm, (Chicago, IL, December 21, 2001).

of people who experience homelessness.[5.40] This is particularly disturbing in light of a report prepared for the Family Housing Fund that found that "the experience of homelessness inhibits the physical, emotional, cognitive, social, and behavioral development of children."[5.41] To give just a few examples, compared to children not experiencing homelessness, children experiencing homelessness have six times the chance for stunted growth, twice the rate of learning disabilities, and three times the rate of behavioral and emotional problems.[5.42]

Age data

Figure 5.2 shows the number of people experiencing homelessness served by the Continuum of Care ***for whom age data are available***. For each year, adults (aged 18 and older) constitute the majority of those served for whom age data are available: 69 percent for the first year, 71 percent for the second year, and 83 percent for the most recent year. Note that senior adults (aged 62 and over) constitute a very small number of those served for whom age data are available.

Figure 5.2: Number of People Experiencing Homelessness Served by the McLean County Continuum of Care for Whom Age Data Are Available for Fiscal Years 2000, 2001, and 2002

Age in Years	June 1999-May 2000	June 2000-May 2001	June 2001-May 2002
Under 1	2	40	27
1-5	68	49	17
6-12	64	60	18
13-17	25	20	6
18-30	135	148	121
31-50	196	234	192
51-61	21	26	19
62 and Above	1	9	3
Total	512	586	403

Source: PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

The Chicago Coalition for the Homeless estimates that 26,000 young people in Illinois experience homelessness each year.[5.43] Of that total, 46 percent (12,000 individuals) are believed to be chronically homeless, and 42 percent who sought shelter at state-funded homeless youth programs were refused due to lack of resources.[5.44] While ROSIE shows that children (age 17 and under) are a relatively small percentage of those served, Project Oz's data are not included in ROSIE. Project Oz has a Street Outreach Program for youth ages 16 to 21 who have unstable nontraditional living arrangements. According to statistics shared at the Homeless Awareness Week Luncheon on November 7, 2002, in fiscal year 2000, this program served 32 youth; in 2001, it served 41 youth; and in 2002, it served 52 youth. In the first three months of fiscal year 2003, Project Oz's Street Outreach Program had already

[5.40] National Coalition for the Homeless, "NCH Fact Sheet #3: Who is Homeless?," [Internet], http://www.nationalhomeless.org/who.html, (Washington, D.C., February 1999).
[5.41] Hart-Shegos, E., "Homelessness and its Effects on Children: A Report Prepared for the Family Housing Fund," [Internet], http://www.fhfund.org/Research, (Minneapolis, MN: Family Housing Fund, December 1999), 2.
[5.42] Ibid., 7-8.
[5.43] Chicago Coalition for the Homeless, "Youth on the Streets and on Their Own: Youth Homelessness in Illinois," [Internet], http://www.chicagohomeless.org/factsfigures/facts.htm, (Chicago, IL, September 13, 2001), 2.
[5.44] Ibid.

served another 52 youth.[5.45] Furthermore, the Homeless Services Center HUB reports an increase of 14- to 21-year-olds in recent months.[5.46]

Race and gender data

In Bloomington-Normal, an extremely disproportionate number of African-Americans experience homelessness, as indicated in Figure 5.3. In fiscal years 2000 and 2001, 47 percent of Continuum of Care clients ***for whom race data are available*** were African-American. That percentage increased slightly to 52 percent for the most recent year. The U.S. Census Bureau reports that in 2000, only 8.6 percent of Bloomington's population and 7.7 percent of Normal's population were African-American.[5.47] Conversely, while White people were 84.9 percent of Bloomington's population and 87.6 percent of Normal's population in 2000, they were only 48 to 51 percent of the people served in the last three years by the Continuum of Care for whom race data are available.[5.48]

Figure 5.3: Number of People Experiencing Homelessness Served by the McLean County Continuum of Care for Whom Race Data Are Available for Fiscal Years 2000, 2001, and 2002

Race*	June 1999-May 2000	June 2000-May 2001	June 2001-May 2002
American Indian or Alaskan Native	8	0	1
Asian	3	0	1
Black or African-American	153	195	183
Native Hawaiian or Other Pacific Islander	0	10	0
White	164	212	167
Total	327	416	351

***** It is not clear whether people could claim more than one race. The U.S. Census Bureau found that only one to two percent of all Bloomington-Normal residents reported two or more races.[5.49] Furthermore, the source for this table did not include numbers of those reporting "Latino" or "Hispanic" ethnicity.

Source: PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

The majority of studies find that single adults experiencing homelessness are more likely to be men than to be women.[5.50] According to *Assessment 2000*, ROSIE data show that half of those persons receiving services in fiscal year 1999 were single men; almost one-quarter (23 percent) were women with two to four dependents.[5.51] Additional data regarding the sex of adults served by the Continuum of Care were not available for this report; PATH (Providing Access to Help) will prepare these data in June 2003.

[5.45] Project Oz additionally served over 300 youth last year in its runaway crisis intervention program.
[5.46] Richardson, S., "HUB Prepares to Give Warm Holiday to Homeless."
[5.47] U.S. Census Bureau, *Quick Tables, Public Law 94-171 Table, Race, Hispanic or Latino, and Age: 2000*, [Internet], http://www.census.gov, (accessed February 2003).
[5.48] Ibid.
[5.49] Ibid.
[5.50] National Coalition for the Homeless, "NCH Fact Sheet #3: Who is Homeless?"
[5.51] Applied Social Research Unit, *Assessment 2000,* 51.

Special characteristics

In the fall of 1999, the Continuum of Care compared its inventory of resources for sub-populations of individuals and families experiencing homelessness to the estimated need and identified "high" priority gaps for individual chronic substance abusers, individuals who are seriously mentally ill, dually-diagnosed individuals, individual veterans, and individual youth.[5.52] Figure 5.4 shows the special characteristics, self-reported at intake only, of those served by the local Continuum of Care ***for whom these data are available***. These numbers are probably conservative due to characteristics present but not reported by clients. At the same time, one client may have reported more than one characteristic.

In Figure 5.4, numbers of people increase overall for mental illness, alcohol abuse, drug abuse, and physical disability. While actual numbers of people with these characteristics experiencing homelessness may be increasing (as has the overall number of those served in Figure 5.1), it is also possible that clients and service providers have become better at identifying these characteristics, that more clients with these characteristics are seeking services, and/or that the definitions have changed to include more people.

Figure 5.4: Number of People Experiencing Homelessness Served by the McLean County Continuum of Care for Whom Special Characteristics Data Are Available for Fiscal Years 2000, 2001, and 2002

Special Characteristics*	June 1999-May 2000	June 2000-May 2001	June 2001-May 2002
Mental Illness	20	15	161
Alcohol Abuse	11	44	147
Drug Abuse	6	0	130
Developmental Disability	22	6	7
Physical Disability	24	2	59
Domestic Violence	17	35	30
Veterans	1	46	74

***** These characteristics are reported by people receiving services through the Continuum of Care during the intake process. Actual numbers are likely higher than what is self-reported. In addition, one client may have reported more than one characteristic.

Source: PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

The National Coalition for the Homeless reports: "Approximately 20 to 25 percent of the single adult homeless population suffers from some form of severe and persistent mental illness."[5.53] According to the Illinois Coalition to End Homelessness, 37,000 (25 percent) of the 150,000 people who will experience homelessness this year in Illinois are disabled by mental illness.[5.54] In McLean County, the number of those reporting mental illness at intake to the Continuum has increased eightfold, as shown in Figure 5.4. Looking also at the total numbers served in Figure 5.1, one sees that in the most recent year, 20 percent (161 of 819) of those receiving services reported a mental illness at intake. While the number

[5.52] City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000), 68. The only gaps analysis data available for 2000 are for the larger Central Illinois Continuum of Care, and the local Continuum of Care did not perform a gaps analysis in 2001. At the time of this report, the results of the 2002 gaps analysis were not yet available.

[5.53] National Coalition for the Homeless, "NCH Fact Sheet #3: Who is Homeless?"

[5.54] Illinois Coalition to End Homelessness, "Facts About Homelessness in Illinois."

of those reporting a developmental disability decreased overall, the number of those reporting a physical disability increased; therefore, accessibility may increasingly be an issue for local facilities. The Illinois Coalition to End Homelessness reports that over half of the adults experiencing homelessness are working or seeking work and that the majority of the remainder are disabled or have young children and no child care.[5.55]

Nationally, of the total number of homeless adults, approximately 34 percent have substance abuse problems.[5.56] The ROSIE data in Figure 5.4 show a dramatic increase in the number of individuals receiving services who indicated alcohol and/or drug problems at intake. For the most recent year, 18 percent (147 out of 819) of Continuum clients reported alcohol abuse problems and 16 percent (130 out of 819) reported drug abuse problems at intake. Additional clients may have had substance abuse problems that were not reported.

The term "dual diagnosis" can mean co-occurring substance abuse and mental health problems. A report for the U.S. Department of Health and Human Services asserts: "Any person providing care to individuals with mental health or substance use disorders should assume that there is a strong probability of a co-occurring disorder."[5.57] Their report highlights a study of *lifetime* prevalence rates for people experiencing homelessness that found 30 percent have mental health problems, 60 percent have substance abuse problems (47 percent for alcohol abuse, 34 percent for drug abuse), and 23 percent are dually diagnosed.

A six-year research project in Massachusetts by the National Center on Family Homelessness found that "violence is pervasive in the lives of homeless women."[5.58] Specifically, 92 percent of the women experiencing homelessness had also experienced severe sexual and/or physical assault *during their lives*.[5.59] Another study found that 22 percent of homeless parents fled domestic violence at home.[5.60] ROSIE data in Figure 5.4 show a small domestic violence percentage (4 percent, or 30 out of 819). Continuum clients may not mention a domestic violence situation at intake, especially if it did not immediately precede their current circumstances. Therefore, this statistic may underestimate the actual number of local women experiencing homelessness and dealing with domestic violence issues.

Approximately one-third of adults experiencing homelessness have served with the Armed Services.[5.61] Most veterans experiencing homelessness are men (97 percent).[5.62] The U.S. Department of Veterans Affairs reports that "similar to the general population of homeless adult males, about 45 percent of homeless veterans suffer from mental illness and (with considerable overlap) slightly more than 70 percent suffer from alcohol or other drug abuse problems."[5.63] The number of those reporting veteran

[5.55] Ibid.
[5.56] Chicago Coalition for the Homeless, "Homelessness: The Causes and the Facts," *The Facts Behind the Faces*, [Internet], http://www.chicagohomeless.org/factsfigures/facts.htm, (Chicago, IL, Summer 2002).
[5.57] Winarski, J.T., *Implementing Interventions for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders: A PATH [Projects for Assistance in Transition from Homelessness] Technical Assistance Package,* for Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, [Internet], http://www.pathprogram.com/tech_assist, (Sudbury, MA: Advocates for Human Potential, March 1998), 4.
[5.58] National Center on Family Homelessness, "Violence in the Lives of Homeless Women," [Internet], http://familyhomelessness.org/policy/policy.html, (accessed January 2003).
[5.59] Ibid.
[5.60] National Coalition for the Homeless, "NCH Fact Sheet #3: Who is Homeless?"
[5.61] U.S. Department of Veterans Affairs, "Overview of Homelessness," [Internet], http://www.va.gov/homeless, (updated November 15, 2002).
[5.62] Ibid.
[5.63] Ibid.

status served by the Continuum has increased substantially over the last three years, up to 9 percent (74 out of 819) of the total number served for fiscal year 2002.

Furthermore, while the number of ex-offenders was not included in the source for Figure 5.4, materials distributed at the November 2002 Homeless Awareness Week Luncheon showed that, in fiscal year 2002, 20 people served by the Continuum reported living in jail or prison prior to receiving services. In fiscal year 2001, no one claimed this prior residence, while in fiscal year 2000, 21 individuals said that they lived in jail or prison before seeking Continuum services. The 1996 *National Survey of Homeless Assistance Providers and Clients* found that 49 percent of those served had spent at least five days in a county or city jail during their lifetimes.[5.64] Of those served, 18 percent had been in a federal or state prison, and 16 percent had been in juvenile detention.[5.65] In total, 54 percent had experienced some type of incarceration.[5.66]

Clearly, people experiencing homelessness, across the nation and in McLean County, do not fit a single profile. They have, however, a common need for shelter and supportive services. Some people experiencing homelessness need this assistance only briefly; others need long-term care. The following two sections of this report outline needs for shelter and services in Bloomington-Normal and resources available to meet those needs.

[5.64] Burt, M.R., L.Y. Aron, T. Douglas, J. Valente, E. Lee, and B. Iwen, *Homelessness: Programs and the People They Serve, Findings of the National Survey of Homeless Assistance Providers and Clients, Summary*, (Washington, D.C.: Urban Institute, December 1999), 25.
[5.65] Ibid.
[5.66] Ibid.

6. Shelter and Housing: Resources and Needs

Because they lack safe, secure shelter, people experiencing homelessness have an immediate need for a place to live, for today and for the foreseeable future. Communities provide different types of shelter to try to meet the short-term and long-term needs of people experiencing homelessness. This section describes three different types of shelter and housing related to homelessness: emergency shelters, supportive housing (both transitional and permanent), and affordable housing. Each category includes detailed information about what is currently available in Bloomington-Normal and what may be required. This section updates information in the *Consolidated Housing and Community Development Plan* of the City of Bloomington and includes study participants' views on shelter and housing.[6.1] Information about individual organizations comes from direct contact with their representatives, in addition to their Websites and brochures, PATH's *Directory*, Continuum of Care meetings, and other sources as noted.[6.2]

Emergency shelters

Emergency shelters vary greatly in terms of what is offered to and expected from people experiencing homelessness. At one end of the spectrum are nighttime rooms with toilet facilities and mats for sleeping; at the other end are fully-staffed, 24-hour facilities that provide beds, meals, storage space, and social services. The 1996 *National Survey of Homeless Assistance Providers and Clients* used the following definition of emergency shelter:

> Emergency shelter programs provide *short-term* housing on a first-come, first-served basis where clients must leave in the morning and have no guaranteed bed for the next night OR provide beds for a *specified period of time*, regardless of whether or not clients leave the building. Facilities that provide temporary shelter during extremely cold weather (such as churches) and emergency shelters or host homes for victims of domestic violence and runaway or neglected children and youth were also included.[6.3] [emphasis added]

For the purposes of this report, this definition of "emergency shelter" will suffice.

Resources

Aside from the American Red Cross of the Heartland's short-term disaster relief services, six organizations in Bloomington-Normal currently offer emergency shelter facilities for people experiencing homelessness. (PATH also has limited funding for motel stays, as discussed below.)

[6.1] City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000).
[6.2] PATH (Providing Access to Help), *PATH's Directory of Human Services 2002-2003*, (Bloomington, IL, August 2002).
[6.3] Burt, M.R., L.Y. Aron, T. Douglas, J. Valente, E. Lee, and B. Iwen, *Homelessness: Programs and the People They Serve, Findings of the National Survey of Homeless Assistance Providers and Clients, Summary*, (Washington, D.C.: Urban Institute, 1999), Appendix B: NSHAPC Program Definitions.

6. Shelter and Housing: Resources and Needs

Figure 6.1: Overview of Emergency Shelter Facilities in Bloomington-Normal

Organization	City of Bloomington, Community Development Division	Home Sweet Home Mission	Mid Central Community Action (Countering Domestic Violence Program)	Project Oz	The Children's Foundation	The Salvation Army
Facility	N. Morris property and W. Monroe property	Home Sweet Home Mission	Neville House	Varies (Host Homes)	Crisis Nursery	Safe Harbor Shelter
Capacity	2 3-bedroom units at N. Morris and 2 4-bedroom units at W. Monroe duplex	125-130*	13 beds, 4 cribs (about 5 families)	Varies (Host Homes)	4-9 (depending on staffing)	52
Hours	24	24	24	24	24	About 12 (depends on weather)
Clients	Temporarily displaced families	Men, women, their children	Women, their children	Youth (10 to 17 years old)	Children (0 to 5 years old)	Men, women
Restricted Populations	Unknown to ASRU	No one using drugs or alcohol, no one dangerous to self or others	No males over 14 years old served on-site	Unknown to ASRU	Children 6 years old and older without a sibling in the Crisis Nursery, children who are ill (e.g., flu)	No one under 18 years old
Case Manage-ment	Unknown to ASRU	Required	Available	Available, unknown to ASRU if required	Available	Available

Key:
ASRU=Applied Social Research Unit, Illinois State University
* See description of Home Sweet Home Mission below regarding future plans.
Source: Adapted from City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000), 50; above organizations were contacted directly to update information.

Figure 6.1 updates the information about emergency shelter facilities published in the City of Bloomington's *Consolidated Housing and Community Development Plan*.[6.4] Clare House is not providing emergency shelter facilities at this time, but the City of Bloomington and The Children's

[6.4] City of Bloomington and Applied Social Research Unit, *Consolidated Plan*, 50.

Foundation are, as described below. There are ***currently approximately 215 beds available***, excluding Project Oz's Host Home beds. (Usually, Project Oz has enough Host Homes to offer 10 beds per night to homeless and runaway youth.) The number of beds currently available in emergency shelters has increased by 23 beds over the number published in Bloomington's *Consolidated Housing and Community Development Plan*. A general description of current emergency shelter follows.

- **City of Bloomington, Community Development Division.** At this time, the City of Bloomington has two properties available for emergency shelter. The N. Morris property, completed in 2001 and initially slated for transitional housing, has two three-bedroom units. The W. Monroe duplex has two four-bedroom units that had been used until fall 2002 by Home Sweet Home Mission for transitional housing. (This property may be returned to the transitional housing pool.) The Community Development Division reported in November 2002 that both properties were available; capacity is four temporarily displaced families.

- **Home Sweet Home Mission.** The Mission offers emergency shelter for up to 130 people experiencing homelessness, with those from McLean, Livingston, Logan, Ford, and DeWitt Counties receiving priority attention. In a January 28, 2003, letter to other organizations, Home Sweet Home Mission indicated that it is "studying the feasibility of ***adding substantially more beds to our current 130***." The letter states that emergency services will continue, in addition to a new longer-term program. When asked about the letter, the Mission responded that the ***number of available beds for emergency shelter will not diminish*** from the number available today. ***In January 2003, the Mission reported housing about 90 people each night***; less than 100 is optimal for the services provided. Over half of clients leave within 7 days; over three-quarters leave within 30 days. There are separate floors for men and women, as well as three separate rooms for families. Children also may stay with individual parents on the men's and women's floors. The Mission often houses up to 30 children. All doors are secure. Currently, clients are required to work with a case manager, to shower and change clothes daily, and to work two hours per day, five days per week at the Mission after their third day there. Clients must be drug and alcohol free and not pose a threat to themselves or to others. The Mission provides clothes, personal items, and three meals per day at no cost; it is open 24-hours per day, year-round. The building includes laundry facilities and common areas for chapel services and other activities.

- **Mid Central Community Action (Countering Domestic Violence Program).** Neville House is an emergency shelter for women and their children seeking refuge from domestic violence. There are 17 beds, 4 of which are cribs; Neville House can accommodate about five families at a time. The shelter does ***fill up about four or five times each year for approximately six-week stretches***. In that case, those seeking shelter are transported to other domestic violence facilities in central Illinois. Clients stay at Neville House for an average of six weeks. Case management is available and much used but not required. Those staying need to be working towards independence. While the Countering Domestic Violence Program provides confidential, free service to both men and women, no males over 14 years old may stay at Neville House; they receive services off-site.

- **Project Oz.** Project Oz does not have a shelter facility; it provides less expensive shelter to young people (10 to 17 years old, mostly girls, the majority from McLean and DeWitt Counties) through its Host Homes. The youth stay in Host Homes for up to three nights while staff members help them work towards longer-term shelter. Currently, Project Oz has ten Host Homes. In December 2002, there were four Host Homes on call, with a total of nine beds available. Usually there are ***ten beds available per night (five for girls and five for boys); the need is for twice that number of beds***.

Host Home families are licensed through the Illinois Department of Children and Family Services after 45 hours of training. At this time, these training sessions are offered in Bloomington only twice a year, which makes it difficult for Project Oz to meet the demand for more Host Homes. Each year, 80 to 100 young people, including both those who are homeless and those who have run away from home, need to stay in a Host Home in Bloomington-Normal. ***Project Oz served 40 young people experiencing homelessness in 2002, and staff members expect to serve 60 or more in 2003.***[6.5] Project Oz staff members are available around the clock; they provide case management, transportation, job preparation and maintenance, life skills training, personal items, and referrals.

- **The Children's Foundation.** Begun in the fall of 1996, the Crisis Nursery is a child abuse and prevention program that operates around the clock. Four to nine beds are available depending upon staffing. The Crisis Nursery accepts children from zero to five years old; children six years old and older may stay if they have a younger sibling already in care. These children must be free of illnesses like the flu. Children are accepted on a triage basis, and children experiencing homelessness are a priority. Each quarter, about 100 to 125 children come into the Crisis Nursery a total of 300 times. ***Of those 300 admissions, on average 25 admissions are children experiencing homelessness.*** More children experiencing homelessness are served in the winter months than during the rest of the year. Short-term case management is available to parents; a part-time Crisis Nursery outreach worker connects parents to additional community resources. Children stay at the Crisis Nursery generally no more than three days.

- **The Salvation Army.** Safe Harbor Shelter provides emergency shelter for 52 adults (18 years old or older). ***In November 2002, staff reported that Safe Harbor Shelter is increasingly full or close to full.***[6.6] Safe Harbor Shelter operates year-round, generally from 8:00 p.m. until 7:00 a.m., opening earlier in the evening during the winter. In addition, during severe winter weather, the vestibule area is used as a warming center and open hours are extended. Accommodations for men and women are on separate floors. Three bedrooms have capacity for approximately twelve women; most men stay together in one large room with bunk beds. Safe Harbor Shelter provides breakfast, a sack lunch, and dinner; laundry facilities; and limited storage space. Case management is available but not required. According to draft policy documents, there is a 90-day limit for individuals staying at Safe Harbor Shelter, although this policy may not be in force in light of individuals who have been at the shelter for longer periods.[6.7]

To stay at Home Sweet Home Mission and The Salvation Army's Safe Harbor Shelter, both located in downtown Bloomington, people experiencing homelessness may need a clearance card from the Bloomington Police Department. Starting in mid-November 2002, the Bloomington Police Department began to require a piece of identification with a photograph from individuals requesting clearance cards. (Previously, people seeking these cards stated their names and dates of birth.) Officers check police records for active warrants and violent/abusive offenses and complete the necessary paperwork. Based on what they find, the police then do or do not issue clearance for an individual to stay at a shelter (without releasing any information to the shelters about prior offenses). If the officers do not issue

[6.5] Richardson, S., "From Homeless to Congress," *The Pantagraph*, (Bloomington, IL, February 7, 2003).
[6.6] According to The Salvation Army's data, for fiscal year 2002, monthly occupancy ranged from 71 percent to 99 percent with a mean for the year of 87 percent. What monthly numbers do not show, however, is the number of nights that Safe Harbor Shelter was full and potentially the number of people being turned away as a result.
[6.7] A separate addendum to this report, provided to The Salvation Army, contains additional information about the facilities and operations of Safe Harbor Shelter and the Bloomington Corps.

clearance for someone due to lack of proper identification, they may call shelter staff members, who then make a decision about whether to admit this person or not.[6.8]

Needs

Several sources of information can help our community evaluate the need to expand, contract, or alter existing emergency shelter facilities: the above data regarding capacity and use, additional public data, and the perspectives of social service providers and people experiencing homelessness. Local organizations must consider who needs emergency shelter, what that emergency shelter should look like, where it should be located, when it should be open, and how it should be operated.

Population needing emergency shelter

The U.S. Census Bureau reports that McLean County had fewer than 100 people in emergency and transitional shelters on March 27, 2000.[6.9] But in early November 2002, *The Pantagraph* reported that "Home Sweet Home Mission and The Salvation Army's Safe Harbor have little or no room in their homeless shelters on any given night."[6.10] A December 2002 article noted that "about 150 to 175 homeless people stay at shelters in the Twin Cities each night."[6.11] Home Sweet Home Mission, at about 90 occupants a night, is approaching its optimal capacity (less than 100), but it currently has the physical space for 40 more people experiencing homelessness. Safe Harbor Shelter is frequently near its capacity of 52 people. Both shelters appear to be meeting a real need. Project Oz reports needing ten more Host Home beds per night, and Neville House is periodically full.

The difficult question to answer is: how many additional people need emergency shelter when the emergency shelters are full? In an effort to count the number of people *not* sleeping in the shelters, the Continuum of Care conducted a "street sweep" on the night of November 7, 2002, and found two men. A nationwide study found that vehicles (59.2 percent) and improvised shelters, such as tents, boxes, and boxcars (24.6 percent) were the typical places where people who had literally been homeless slept.[6.12] Parents sleeping with their children in these conditions might be careful not to be discovered, for fear of losing their children. For these reasons, the "street sweep" may have missed any number of people experiencing homelessness. Estimates vary as to how many people are sleeping without conventional shelter at night. Key informants indicate that there are probably ***only a few people (five or six) actually sleeping on the street***.[6.13] *The Pantagraph* reports that local advocates for people experiencing homelessness put this number at ***10 to 15***.[6.14] These individuals may have found the shelters full, *or* they may not have met Home Sweet Home Mission's criteria and been "banned" from Safe Harbor Shelter.

[6.8] Please see section 7 of this report for additional information about photo identification as a barrier to accessing services.

[6.9] U.S. Census Bureau, *Population and Housing Census, Table 12, Population in Emergency and Transitional Shelters: 2000,* [Internet], http://www.census.gov, (October 30, 2001). The U.S. Census Bureau takes this supplemental point-in-time census for emergency and transitional shelters to count those who would not otherwise be counted (because they are not at a fixed address).

[6.10] Richardson, S., "Agencies Count B-N Homeless," *The Pantagraph*, (Bloomington, IL, November 8, 2002).

[6.11] *The Pantagraph*, "Editorial: Day Shelter for Homeless Will Meet Important Need," (Bloomington, IL, December 30, 2002).

[6.12] National Coalition for the Homeless, "NCH Fact Sheet #2: How Many People Experience Homelessness?," [Internet], http://www.nationalhomeless.org/numbers.html, (Washington, D.C., September 2002). Although PATH distributed approximately 50 sleeping bags between November 1, 2002, and January 28, 2003, these items are provided regardless of where one is sleeping, and so some of these sleeping bags may have gone to those staying at emergency shelters, for example.

[6.13] This discussion is separate from the issue of people sleeping in parks or under bridges *during the day*, when Safe Harbor and the sleeping quarters of Home Sweet Home Mission are closed. The Bloomington Police Department has noticed an increase in the number of these individuals in the southern part of city (75 on any given day). Please see the discussion of day centers in section 7 of this report.

[6.14] Richardson, S., "No Place to Call Home," *The Pantagraph*, (Bloomington, IL, November 10, 2002).

One key informant gave an example of an individual experiencing homelessness who apparently prefers to live on the street.

As indicated in section 5 of this report, people experiencing homelessness do not fit one profile. Key informants and focus group participants discussed the characteristics of people who need to be sheltered in Bloomington-Normal. Many mentioned, either spontaneously or when asked about any lack of shelter for families versus individual adults, a need for emergency shelter for families (one or two parents with a child or children). A few study participants spoke particularly about the need for shelter space for large families and for families with teenage boys. The Continuum of Care's annual report to the U.S. Department of Housing and Urban Development for fiscal year 2002 notes that "we continue to see an increase in the number of homeless families with children." Study participants also felt that families are a more appealing population to assist and that people may be quicker to give of their time and/or money where children are involved.

One provider commented, "We have a problem with families with children when they get evicted and there's no place at the shelters."[6.15] The Brown House Family Emergency Shelter on East Locust Street, operated by PATH, met this need (especially for those families not qualified for Home Sweet Home Mission services) during the winter of 2001/2002. With a capacity of 5 families at one time, Brown House served a total of 18 families during the five and a half months that it was open. *The Pantagraph* reports that it was "consistently full."[6.16] According to PATH, the number of families and the lack of 24-hour supervision of the site made it impossible to keep Brown House's doors open. Currently, the only options for families not fleeing domestic violence or temporarily displaced (e.g., by fire) to be sheltered together are Home Sweet Home Mission or motels (when funding is available). ***PATH reports three to five motel stays per week for individuals and families***. Families experiencing homelessness have stayed at the Coachman Motel, although several key informants expressed concern about the suitability of its environment for children. Although the Mission reports that it has been able to meet the needs of families, not all families may qualify to stay there (for example, if a parent or guardian has a problem with substance abuse). A potential resource for families, one explored in recent years by local clergy according to study participants, is the Interfaith Hospitality Network Program, now Family Promise. Operating in junction with a day center, congregations each "provide accommodations and meals for three to five families (up to 14 people), for one week each two to three months on a rotating schedule)."[6.17]

As shown in Figure 5.1, the number of people *not in families* grew at a much faster rate than the number of people *in families* served by the McLean County Continuum of Care from fiscal year 2000 to fiscal year 2002. Many study participants talked about the need to increase shelter space for single adults, in particular single men. Parolees of either sex are a special population that needs shelter, although both Home Sweet Home Mission and The Salvation Army's Safe Harbor Shelter have placed limits on the number, kind, and origin of the parolees they will accept. In the fall of 1999, the Continuum of Care compared its inventory of emergency shelter beds for individuals (as opposed to families) to the

[6.15] Richardson, S., "HUB Prepares to Give Warm Holiday to Homeless," *The Pantagraph*, (Bloomington, IL, December 15, 2002).
[6.16] Hansen, K., "Salvation Army Seeks Ideas for More Shelter," *The Pantagraph*, (Bloomington, IL, May 7, 2002).
[6.17] Family Promise, "The Interfaith Hospitality Network Program," [Internet], http://www.nihn.org/program.htm, (updated January 28, 2003).

estimated need and rated increasing the number of those beds as a "medium" priority.[6.18] (At that time, the Continuum of Care found *no* unmet need or gap for emergency shelter beds for families.) When the Continuum releases gaps analysis data for 2002, this information may help to clarify the need for emergency shelter for singles as opposed to families. Some study participants did not see this as an either/or issue: they expressed a need for more shelter beds for both individuals and families.

Characteristics needed in emergency shelter

Key informants and focus group participants shared a variety of ideas about what an emergency shelter facility should be like. One theme in these discussions was the notion that different populations should be ***separated***, be they the "vulnerable and the less vulnerable," the singles and the families, the working and the non-working, or people with substance abuse problems and those without. All but one of the focus groups discussed this need for separation. ***Privacy*** is an important related issue, in terms of personal space. For example, a key informant suggested that a shelter could have bedrooms for two to four people rather than large open barracks. ***Accessibility for people with disabilities*** was a point emphasized particularly in focus group discussions. Some study participants were critical of bunk beds in this regard. Study participants also stressed that an emergency shelter, in addition to meeting basic life safety codes, should be ***secure and sanitary***, both to maintain health and to model appropriate behaviors. Sufficient ***laundry and bathroom facilities*** are essential, according to study participants. They added that those staying at shelters should also have adequate ***storage space*** for their belongings. Some study participants talked about having ***computers and classroom space*** on site.

A couple of the key informants highlighted the tension between wanting a comfortable emergency shelter and not wanting it to be *too* much like a home. These study participants recognized the need for a soothing environment to lessen the stresses of being without a home. They added that a place that is well taken care of can instill dignity and self-respect. At the same time, others noted that an emergency shelter by definition is for a limited time and needs to be a utilitarian facility.

Participants in this research project also felt that any ***rules or regulations*** need to be well articulated and consistently enforced. An informant suggested that local shelters may turn away people with disabilities and that sensitivity training for shelter staff is in order. ***Staff members need to be professional*** and well trained to interact with all types of people (especially those with mental health and/or substance abuse problems) and to resolve conflicts. People who were experiencing or had experienced homelessness expressed a need for ***programs and activities*** (e.g., religious, vocational, athletic), in particular the chance to volunteer (both in the shelter and elsewhere) as a way to build job skills and get reference letters. They talked about building a sense of community. Additional study participants spoke also about the need for social service and employment programs to be provided on site (see section 7 of this report).

The study participants who raised the issue of ***location*** were concerned about access issues: an emergency shelter should be located near social service providers, public transportation, and day labor. A few wanted a shelter to be far from establishments that sell alcohol. ***Hours of operation*** were also a concern. Aside from the issue of a day center discussed in section 7, key informants and those taking part in focus groups noted that people who work the second or third shift and stay at The Salvation Army's Safe Harbor Shelter cannot get enough sleep, which puts their employment in jeopardy. (One

[6.18] City of Bloomington and Applied Social Research Unit, *Consolidated Plan*, 68. The only gaps analysis data available for 2000 are for the larger Central Illinois Continuum of Care, and the local Continuum of Care did not perform a gaps analysis in 2001. At the time of this report, the results of the 2002 gaps analysis were not yet available.

focus group recommended Helping Hands of Springfield as a facility that well accommodates those who work in the evenings.[6.19]) Study participants also felt that those who are ill should not have to go out in all weather. Additionally, a few study participants talked about the typical length of stay at local emergency shelters. One study shows that the average stay in a shelter for families before moving into permanent housing is almost a year, a full six months longer than the average shelter stay for families in the mid-1990s.[6.20] Restrictions on ***duration of stay*** may need to be lengthened to accommodate changing economic conditions.

An emergency shelter should meet basic physical needs. For the 2002 Homeless Awareness Week, the Continuum of Care created a list of items that visitors to the Homeless Services Center HUB had been requesting. This list gives an idea of some of the things that an emergency shelter could provide:

- TOILETRIES (SOAPS, LOTIONS, POWDERS, DEODORANTS)
- HAND TOWELS
- BATH TOWELS
- RAZORS
- COMBS/BRUSHES
- BLANKETS
- PILLOWS
- BOOK BAGS
- DUFFLE BAGS
- WHITE DRESS SHIRTS (WOMEN'S AND MEN'S, ALL SIZES)
- BLACK SLACKS (WOMEN'S AND MEN'S, ALL SIZES)
- BLACK SHOES (ADULT SIZES)
- BUS TOKENS
- SHAMPOOS AND CONDITIONERS
- SLEEPING BAGS
- LUNCH BOXES
- FEMALE NECESSITIES
- COLOGNES AND PERFUMES
- SOCKS
- T-SHIRTS (S, M, L, XL)
- GLOVES AND HATS
- ADULT COATS
- TENTS
- PADLOCKS
- MUGS
- INSTANT COFFEES

In addition to the physical needs that communities can meet and the supportive services that they can provide (as described in section 7), people experiencing homelessness need to be treated with dignity and respect. This was one of the ***strongest themes*** emerging from interviews and focus groups: ***people experiencing homelessness are human beings***. They want to be treated as such and included in the larger community. One person who had experienced homelessness advised, "Don't look down because someone has had bad luck, treat them the way you would want to be treated."

Supportive housing

Supportive housing—housing connected to any number of services—may be transitional (and relatively short-term) or permanent (i.e., long-term, without a maximum length of stay). Generally, within each of

[6.19] Helping Hands of Springfield welcomes inquiries and visits from other organizations working with people experiencing homelessness.

[6.20] National Coalition for the Homeless, "Did You Know That . . .," [Internet], http://www.nationalhomeless.org, (accessed January 2003).

these types of housing programs, there are varying target populations, eligibility requirements, physical structures, intensity of services, and conditions and lengths of stay.[6.21]

Transitional housing

Transitional housing typically includes supportive services and promotes self-sufficiency to help people move into permanent housing. Federally-funded transitional housing programs have a maximum stay of two years.[6.22] There is a variety of transitional housing in the Bloomington-Normal area including housing of different sizes, from efficiency units to one 5-bedroom dwelling, as shown in Figure 6.2.

Figure 6.2: Number of Transitional Housing Units in Bloomington-Normal by Size of Unit

Efficiency	2 bedroom	3 bedroom	4 bedroom	5 bedroom
6	11	14	4	1

+ 1 dwelling unit reserved for person with mental illness.
Source: Figure 6.3 below.

Currently, Mid Central Community Action, the Housing Authority of the City of Bloomington, the City of Bloomington's Division of Community Development, and The Salvation Army are the primary providers of transitional housing (see Figure 6.3). Case management services are provided to individuals or families in these transitional housing units, with most units housing families.

- **The Housing Authority of the City of Bloomington's** Transitional Housing Program serves individuals "in need of affordable housing and who are considered high-risk . . . ." Services include temporary housing and weekly case management for three to six months. Persons denied public housing with the Housing Authority and other persons may apply; there are no Bloomington-Normal residency requirements. Transitional housing residents must develop and work on a service plan, pay a program fee, maintain the housing, and obtain/maintain employment (if employable).

- **Home Sweet Home Mission's** Transitional Housing Program "serves those with a chronic inability to live independently" and provides life skills training, personal relationship guidance, case management, and follow-up. The average length of time in the program is six months. The Mission has limited its involvement with transitional housing to one duplex in part due to costs associated with repairing housing units after some residents leave.

- **Mid Central Community Action** provides "temporary homes for people who are homeless or near homeless." Staff members, working with the Self-Sufficiency program, encourage residents to learn

[6.21] Barrow, S., and R. Zimmer, "Transitional Housing and Services: A Synthesis," *Practical Lessons: The 1998 National Symposium on Homelessness Research*, edited by L.B. Fosburg and D.L. Dennis for the U.S. Department of Housing and Urban Development and the U.S. Department of Health and Human Services, [Internet], http://aspe.hhs.gov/progsys/homeless, (August 1999). The authors also state: "Transitional housing is controversial. Critics view it as stigmatizing, de-stabilizing, and a drain on resources better used for permanent housing; proponents view it is as the best way to ensure homeless families and individuals get the services that will enable them to attain and sustain self-sufficiency as well as permanent housing." According to the U.S. General Accounting Office, examples of services include: case management; life skills training; parenting classes; employment assistance; outreach; transportation; clothing; education; alcohol/drug abuse treatment; financial assistance; mental health treatment; communication services (telephone, voice mail, e-mail, Internet access); child care; health care (medical, dental, vision, and pharmaceutical); legal services; and AIDS-related treatments. This list was taken from U.S. General Accounting Office, *Homelessness: Grant Applicants' Characteristics and Views on the Supportive Housing Program*, GAO/RCED-99-239, (Washington, D.C., August 1999), 14.

[6.22] Burt, M.R., et al., *Homelessness: Programs and the People They Serve*.

about setting and achieving goals, help families achieve long-term housing, provide support, and oversee housing maintenance and upkeep, in part through monthly inspections. There are income eligibility requirements; maximum residency is two years.

- **The Salvation Army's Genesis House** provides a transitional housing program for single men for up to 24 months. To apply, individuals must be employed. Genesis House applicants include Safe Harbor Shelter residents or persons referred from other "homeless organizations." Individuals must sign a program agreement and abide by the program's rules (e.g., rules about guests and their length of stay, participation in maintenance and upkeep of the property, damage or alternation of the property, not using alcohol or controlled substances on the premises). A "major" but unwritten rule—also considered an "incentive"—states that persons who graduate from, are removed from, or otherwise leave the program are no longer allowed to reside at Safe Harbor Shelter. There are no program fees for the first three months; fees increase each month thereafter. Case management is available to residents to help them set and progress toward goals and to connect them to additional community services. ***In the fall of 2002, five men, including the house manager, resided at Genesis House. Capacity of this four-bedroom house is seven to nine people; The Salvation Army staff members report that nine men living in the house would be crowded and "unworkable."***

Figure 6.3: Transitional Housing in Bloomington-Normal: Location, Size, and Sponsor

Location	Number of units	Sponsor
Bloomington	2-2 bedroom, duplex	Home Sweet Home Mission
Bloomington	2-3 bedroom, duplex 1-5 bedroom, single family 1-4 bedroom, single family 2-3 bedroom, duplex	Mid Central Community Action
Normal	2-3 bedroom 1-2 bedroom 1-3 bedroom	Mid Central Community Action/Town of Normal
Bloomington	1 (person with mental illness)	McLean County Center for Human Services
Bloomington	1-4 bedroom (single males)	The Salvation Army (Genesis House)
Bloomington	3-2 bedroom	Housing Authority of the City of Bloomington
Bloomington	2-3 bedroom	Housing Authority of the City of Bloomington
Bloomington	6 efficiency (55 years old or older only)	Housing Authority of the City of Bloomington
Bloomington	5-2 bedroom	Housing Authority of the City of Bloomington
Bloomington	3-3 bedroom	Housing Authority of the City of Bloomington
Bloomington	2-3 bedroom, duplex	City of Bloomington, Division of Community Development

Source: Attempts were made to contact each organization to confirm transitional housing units. This table includes up-to-date information for Home Sweet Home Mission, McLean County Center for Human Services, The Salvation Army, and the City of Bloomington, Division of Community Development. Other organizations' information comes from City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000), 49. Street addresses were removed to protect privacy.

Study participants—both service providers and individuals experiencing homelessness—expressed a need for additional transitional housing units/programs in Bloomington-Normal. Some of these participants, though, when referring to "transitional housing," were actually describing emergency shelter or permanent supportive housing. ***The overriding concern, though, was for any type of supportive housing (i.e., emergency, transitional, permanent supportive) to include supervision and case management services.*** Additionally, study participants suggested increasing supportive (and affordable) housing options for single men and women as well as families, especially families with five or more children.

Special needs housing

Two "special needs" housing organizations include the Oxford House in Bloomington and the House of Faith, Hope, and Love in Normal. **Oxford House** offers its residents 24-hour support and opportunities to learn skills in an environment free of drugs and alcohol.[6.23] Residents share responsibility for maintaining, managing, and making decisions about the house; they also share expenses to keep costs low. Individuals can apply to live in an Oxford House if they have completed inpatient substance abuse treatment; a ten-day detoxification with an outpatient program; or 14 days of being clean and sober. **The House of Faith, Hope, and Love** provides housing for up to four pregnant women at a time.[6.24]

Permanent supportive housing

The Corporation for Supportive Housing suggests that the costs of providing affordable permanent housing tied directly to services where people live are less than the costs of repeatedly treating homelessness—and the physical health, mental health, and addiction problems it "creates or exacerbates"—through emergency shelter and hospital services.[6.25] Another advocate reports: "Evidence shows . . . that the cost of providing housing plus supportive services is almost identical to cost savings that derive from reduced use of emergency room, jail, prison, mental hospital, substance abuse, and other public services."[6.26]

Whether less expensive than or equal to the costs of alternatives, permanent supportive housing may be provided to persons who are experiencing homelessness and are disabled (or provided to persons with disabilities only). Several permanent supportive housing options exist in Bloomington-Normal to serve persons with mental illness, developmental disabilities, and/or a history of homelessness (see Figure 6.4). Because permanent housing is meant to be long-term, the wait to get into a unit also may be long.

- **Homes of Hope, Inc.,** provides group homes for adults with developmental disabilities and encourages them to "assume responsibility for their day-to-day living and their involvement in family, church, community, and society."[6.27] Homes of Hope staff members promote this housing as a "life-long" home. ***In December 2002, Homes of Hope reported that there were 30 people on the waiting list for housing, with units becoming available infrequently.***

- **Marc Center** provides permanent supportive housing to adults (aged 18 and older) with developmental disabilities through a number of group homes and one-bedroom apartments. Marc

[6.23] For additional information, see Oxford House, [Internet], http://www.oxfordhouse.org, (accessed February 2003).
[6.24] The entire paragraph drawn from PATH, *Directory*, 56, 87.
[6.25] Corporation for Supportive Housing, [Internet], http://www.csh.org/index.html, (accessed January 2003). This Website includes links to related sites and lists evaluation studies and models.
[6.26] Burt, M.R., "Washington News and Views: Time for a Common Sense Policy on Homelessness," *Shelterforce Online*, 122, [Internet], http://www.nhi.org/online/issues.html, (March/April 2002).
[6.27] PATH, *Directory*, 56.

Center staff members help individuals and families to find and access community resources to meet their needs. Group homes include 24-hour support, while there are two levels of support provided with the apartments—individualized, 24-hour, on-call support through one program, and intermittent support as needed through the other program. Individuals must qualify for Marc Center services and apply through the Housing Authority of the City of Bloomington to be considered for housing. ***In December 2002, Marc Center reported that all units were full and that there was a waiting list.***

- **Mayors Manor,** a housing program managed by Mid Central Community Action, opened in January 2002. In October 2002, the majority of its residents were from The Salvation Army's Safe Harbor Shelter and Home Sweet Home Mission. Mayors Manor provides a case manager and staff on-site to assist residents in maintaining housing; in addition, employment and recovery support services are available. Staff members schedule various activities and seminars. One of Mayors Manor's strengths is its tight security: it is staffed 24 hours per day, seven days per week. In addition, staff members work closely with the McLean County Center for Human Services; a number of other organizations also provide support to residents. Mayors Manor accepts applications continually and averages six requests for housing a day from people coming in off the street (some of whom think Mayors Manor is a shelter). ***In October 2002, Mayors Manor was full and had a waiting list of about 120 persons; this number was down from about 150 persons.*** When there is a vacancy, attempts are made to contact the first person on the list (and then each subsequent person) until the vacancy is filled with a qualified applicant. Mayors Manor expected to have four vacancies in January 2003.

- **McLean County Center for Human Services** assists persons who need mental health treatment. Services include several housing options with varying levels of support from a continuously staffed, eight-bed rooming house to housing with individual case management. ***The Center for Human Services reports having difficulty finding housing placements for people experiencing homelessness that are served through the Center's crisis intervention services.***

In the fall of 1999, the Continuum of Care compared its inventory of permanent housing resources for individuals and families experiencing homelessness to the estimated need. The Continuum identified a "high" priority gap in permanent housing for individuals and a "medium" priority gap in permanent housing for familes.[6.28] Additionally, at the Homeless Awareness Week luncheon on November 7, 2002, the Continuum of Care prioritized the creation of more permanent supportive housing in Bloomington-Normal.

Many study participants said that housing—emergency, transitional, or permanent—should include case management and services such as: primary health care, mental health care, dental care, and substance abuse treatment; transportation; and employment support. ***Several key informants who work directly with people experiencing homelessness suggested that the community needs "ten more Mayors Manors" or "Mayors Manors for 80 people—four more Mayors Manors."*** Referring to Mayors Manor, one case manager asserted that people experiencing homelessness need an environment with case management, individual rooms and baths, supervision of who is coming and going, monitoring to keep conflicts down, and rules. Such an environment can help create the stability that another

[6.28] City of Bloomington and Applied Social Research Unit, *Consolidated Plan*, 68. The only gaps analysis data available for 2000 are for the larger Central Illinois Continuum of Care, and the local Continuum of Care did not perform a gaps analysis in 2001. At the time of this report, the results of the 2002 gaps analysis were not yet available.

participant said was necessary for individuals experiencing homelessness to be able to make effective use of services.

Figure 6.4: Permanent Supportive Housing in Bloomington-Normal by Organization, Housing Type, Clients, and Number of Persons Served

Organization	Housing type	Clients	Number of persons served
Homes of Hope, Inc.	Group Home	PDD (A)	6
Homes of Hope, Inc.	Group Home	PDD (A)	4
Homes of Hope, Inc.	Group Home	PDD (A)	4
Marc Center	15-4 or 5 br Group Homes	PDD (A)	56
Marc Center	24-1 br Apartments	PDD (A)	24
Marc Center	15-1 br Apartments	PDD (A)	15
Mayors Manor	11 Units (SRO) at Below Market Rent	Income Qualified Persons	11*
Mayors Manor	15 (SRO) Section 8 Units	Homeless Persons with a Disability**	15
McLean County Center for Human Services	Section 8 Certificates	PMI	29
McLean County Center for Human Services	8-bed Rooming House	PMI	8
McLean County Center for Human Services	Apartments	PMI	11

Key:
br=bedroom
PDD (A)=Persons with Developmental Disability-Adults
SRO=Single Room Occupancy
PMI=Persons with Mental Illness
* One unit is reserved for a residential assistant.
** As defined by U.S. Department of Housing and Urban Development.
Source: All listed organizations verified information for this table between October 2002 and January 2003.

Affordable housing

According to a *New York Times* article, a national consensus may be forming among service providers that resources need to be shifted from managing emergency shelters to increasing the supply of appropriate affordable housing.[6.29] While affordable housing is not a focus of this report, it is directly related to homelessness in this community, as many key informants and focus group participants emphasized. Increasing the stock of affordable housing is a way to prevent people from experiencing homelessness in the first place. Please see the Community Advocacy Network's study for more detailed information about affordable rental housing in Bloomington-Normal.[6.30]

[6.29] Bernstein, N. "A Plan to End City Homelessness in Ten Years," *The New York Times on the Web*, [Internet], http://www.housingfirst.net/on2002_06_13_nyt.html, (June 13, 2002).
[6.30] Community Advocacy Network, *A Comprehensive Study of Affordable Rental Needs in the Bloomington-Normal Community*, (Bloomington, IL, Summer 2002).

Needs

Assessment 2000 household survey respondents rated "lack of affordable housing" as one of the top ten "serious" or "very serious" challenges facing McLean County.[6.31] "Affordable" rental units generally cost no more than 30 percent of the occupant's income. According to the latest study by the National Low Income Housing Coalition, Bloomington-Normal's housing wage was $11.42 per hour for 2002, up 1.72 percent from 2001. This wage is what a full-time (40 hours per week) individual must earn to afford a two-bedroom apartment at Bloomington-Normal's Fair Market Rent.[6.32] A worker making only minimum wage ($5.15) would have to work 89 hours each week to afford this apartment. If only working 40 hours per week, this worker could afford only $268 for monthly rent. An efficiency apartment's monthly Fair Market Rent is $364, still too expensive.[6.33]

The high cost of housing puts some individuals and families at risk for homelessness. To make ends meet, people may double up or live in substandard conditions. The U.S. Census Bureau estimates that 490 occupied housing units in Bloomington have more than one occupant per room, which is generally considered to be crowded.[6.34] The U.S. Census Bureau also estimates that, of the 28,527 housing units in the City of Bloomington, 694 housing units have no telephone service, 66 lack complete plumbing facilities, and 82 lack complete kitchen facilities.[6.35]

Resources

The community has organizations that try to keep people in healthy, secure dwellings. The Housing Authority of the City of Bloomington's goal is to "provide decent, safe, and sanitary housing in a suitable environment for low-income families at rentals they can afford to pay."[6.36] In addition to the supportive programming of the Resident Service Department, the Housing Authority has 635 to 638 apartments for rent below fair market rate at 10 sites (each with 8 to 100 units) in Bloomington.[6.37] The majority of the units are on the west side of the city and most are one- or two-bedroom apartments, although most sites offer a range (e.g., one- to four-bedroom units).[6.38] There are no other public housing units in McLean County. In December 2002, there were ***53 applicants on the waiting list for Bloomington's public housing units***, which is "typical" or "average" according to an informant. This person added that the wait to get in could be six months to one year, depending on the number of bedrooms needed by the applicant. Furthermore, this informant confirmed the *Assessment 2000* finding

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[6.31] Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000), 39.

[6.32] For a definition of Fair Market Rent, see Appendix B of the National Low Income Housing Coalition, *Rental Housing for America's Poor Families: Farther OUT OF REACH Than Ever, 2002*, [Internet], http://www.nlihc.org/oor2002, (September 2002).

[6.33] This paragraph drawn from National Low Income Housing Coalition, *OUT OF REACH 2002*.

[6.34] U.S. Census Bureau, *Demographic Profiles, Table 4, Profile of Selected Housing Characteristics: 2000,* [Internet], http://www.census.gov, (Summer 2002). These estimates are based on data from one out of six households and therefore subject to sampling error. Regarding the number of occupants per room, "although the Census Bureau has no official definition of crowded units, many users consider units with more than one occupant per room to be crowded." U.S. Census Bureau, *Census 2000, Technical Documentation, Appendix B*, (Washington, D.C.: U.S. Department of Commerce, August 2002), 58.

[6.35] Ibid.

[6.36] PATH, *Directory*, 57. When many people think of "subsidized housing," they think of public housing or Section 8 vouchers. Others have pointed out that homeowners are also well subsidized through tax deductions on mortgage interest. See for example, National Housing Institute, "NHI Research and Reports: A Progressive Housing Plan for America," [Internet], http://www.nhi.org/policy/prog.html, (accessed January 2003).

[6.37] PATH, *Directory*, 56-57; Community Advocacy Network, *Affordable Rental Needs*, 8; City of Bloomington and Applied Social Research Unit, *Consolidated Plan*, 11, 50.

[6.38] An informant verified this information from City of Bloomington and Applied Social Research Unit, *Consolidated Plan*, 11.

that there are ***vacancies in public housing for low-income seniors—72 empty units*** in December 2002.[6.39] These empty units may be an underused resource.

In addition to public housing units, the Housing Authority of the City of Bloomington also administers the Section 8 Housing Assistance Payment Program.[6.40] Section 8 includes both site-based assistance and vouchers.[6.41] The Community Advocacy Network reports that there are 1,421 site-based Section 8 units in Bloomington-Normal.[6.42] There are also 452 to 500 vouchers available and in use.[6.43] Applicants seeking a ***Section 8 voucher*** can apply once a year in September; an informant reports that ***about 400 people apply each year*** and that it takes about two years (but sometimes three) to move from 400th on the list to 1st. These 400 or so applicants may also be on the waiting list for public housing; at the same time, not everyone in need of Section 8 assistance applies. Once applicants secure vouchers, they can keep them as long as they follow program rules and their income does not exceed the program's limit. An informant notes that about 10 voucher holders per month lose their vouchers.

The Pew Partnership for Civic Change reports that up to half of all adults experiencing homelessness "become homeless because they are evicted or experience some other problem with the landlord or with paying their rent."[6.44] Please see Figure 7.1 for a list of local organizations that provide assistance with rent and utilities. To give an example of one organization's services, Mid Central Community Action provides the following emergency services: car repair (for those who require a car for employment or medical reasons), first month's rent (for those who are "homeless or in unsafe living conditions"), and crisis-based rental/mortgage assistance (for those who have been threatened with or have received an eviction notice and those who are homeless). In the year 2000, all three programs served approximately 326 households, 150 of whom (46 percent) were experiencing homelessness. In 2001, they served about 118 households, 41 of whom (35 percent) were experiencing homelessness. In 2002, they served approximately 253 households, 83 of whom (33 percent) were experiencing homelessness. Note that it is not clear whether annual numbers include some duplicated households. Furthermore, grant funding for these three programs varied over the three years, and the number of households served depended in part on the money available.

Additional organizations help Bloomington-Normal families attain homeownership. Habitat for Humanity of McLean County offers qualifying individuals the chance to own a home through "sweat equity," by requiring homebuyers to help build others' homes. From 2000 through 2002, the local chapter completed five houses each year. The organization plans to build seven houses in 2003 and ten houses in 2004. In the Founders Square development, Habitat has collaborated with the Tornquist Family Foundation, National City Bank, and the City of Bloomington: Tornquist will build 15 houses for low-income buyers and Habitat will build 15 houses for very low-income buyers.[6.45] ***Habitat's open enrollment*** for the program takes place twice a year; during the last enrollment period, staff members were ***"overwhelmed" by the more than 100 applications*** that came in. YouthBuild of McLean County builds and rehabilitates houses while training young adults (ages 16 to 24 years) in construction trades.

[6.39] Applied Social Research Unit, *Assessment 2000*, 48.
[6.40] PATH, *Directory*, 57.
[6.41] Community Advocacy Network, *Affordable Rental Needs*, 8.
[6.42] Ibid.
[6.43] Ibid.; informants reported different numbers and conflicting information about Section 8 in general.
[6.44] Pew Partnership for Civic Change, "Thriving Neighborhoods: Affordable Housing," [Internet], http://www.pew-partnership.org/neighborhoods/neighborhoods.html, (2002).
[6.45] *The Pantagraph*, "Monthly Business Barometer, Volume 11, No. 1," [Internet], http://www.pantagraph.com/business, (January 2002).

From 2000 to 2002, the organization built seven houses and rehabbed two. In December 2002, YouthBuild indicated that it planned to build one single-family home and a ten-unit apartment complex in 2003.[6.46] The organization fields ***two or three calls each week requesting information about YouthBuild homes***. The Central Illinois Coalition for Affordable Housing is an additional resource for those needing down payment or closing cost assistance.

The efforts of local organizations to offer affordable housing are commendable, but still there are unmet needs. *Assessment 2000* identified two key obstacles to the development of affordable housing options: "developer-driven planning, and strong 'not in my back yard' sentiments of residents and neighborhoods."[6.47] Futhermore, opposition to affordable housing may come from a failure to recognize the community's dependence on low-income workers, who must have a place to live—"affordable housing" is really "inclusive workforce housing," according to one informant. The Community Advocacy Network's study makes practical suggestions for increasing the stock of affordable rental housing, such as providing incentives to developers, builders, and landlords; changing policies and building codes; working with employers; rehabilitating existing dwellings; leveraging financial resources; and educating the community about the importance of this issue.[6.48] For affordable homeownership, community land trusts are one solution: they keep the land in trust and out of the market, while the benefits of homeownership go to the residents.[6.49]

The most typical response to homelessness is to meet immediate needs by facilitating access to reasonably priced, decent housing.[6.50] But many housing programs provide much more: "when people connect to a comprehensive housing strategy, they connect to a set of relationships that often dramatically change their lives."[6.51] The next section of this report examines such supportive services.

[6.46] *The Pantagraph* reports that Bloomington City Council rejected YouthBuild's plans to build "two homes and two four-unit apartment buildings," but that the request would be reconsidered. Simpson, K., "YouthBuild Again Requests Council OK," *The Pantagraph*, (Bloomington, IL, February 8, 2002).
[6.47] Applied Social Research Unit, *Assessment 2000*, 51.
[6.48] Community Advocacy Network, *Affordable Rental Needs*, 19-22.
[6.49] Green, G.P., and A. Haines, *Asset Building and Community Development*, (Thousand Oaks, CA: Sage Publications, 2002), 125-127.
[6.50] Pew Partnership for Civic Change, "Thriving Neighborhoods."
[6.51] Ibid.

7. Supportive Services: Resources and Needs

Supportive services are critical for people experiencing homelessness to reach their maximum level of independence. In other words, a bed by itself is very often not sufficient to help someone attain self-sufficiency. This section highlights the strengths of current service provision, the barriers to accessing services, general approaches to working with people experiencing homelessness, and the specific types of services that local organizations may want to consider initiating, expanding, or enhancing. While there are many services that might be included, those discussed here were prioritized in key informant interviews and focus group discussions. Please see *Assessment 2000* for an in-depth analysis of health and human service provision in McLean County.[7.1]

Strengths of current service provision

When asked about the strengths of service provision to people experiencing homelessness in Bloomington-Normal, key informants applauded both the variety and number of organizations at work, as well as the community's support for these organizations. One person described these organizations as available, well-located, and accessible. Many study participants easily gave examples of organizations and individuals that stand out in their service to people experiencing homelessness. Please see Figure 7.1 to get a sense of the range of free and fee-based services available.

Figure 7.1: Overview of Types of Supportive Services in Bloomington-Normal[7.2]

Type of Service	Organization
Adult Education, GED Instruction, and English as a Second Language	Even Start Family Literacy Program GED/Adult Literacy Program Heartland Community College Adult Education Program Mid Central Community Action STAR-Volunteer Literacy Program University of Illinois Extension, McLean County
Child Care	Bloomington Day Care Center, Kids Club East, and Kids Club West Child Care Resource and Referral Network Day Care Center of McLean County, Inc. Heartland Head Start ISU Child Care Center The Children's Foundation Western Avenue Community Center YWCA Child Care

Figure 7.1 continued on next page

[7.1] Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000).

[7.2] Intake, assessment, and case management services are provided by many organizations in Bloomington-Normal. This table is only an overview: not all services and organizations are listed. Both free and fee-based services are included.

Figure 7.1 continued

Type of Service	Organization
Dental Care	McLean County Health Department Scott Health Resources Center
Ex-Offender Services	Joy Care Center, Ministry of Aftercare for Ex-Offenders
Food (pantries unless otherwise noted)	Bread of Life Food Pantry, First Assembly of God Church Center of Hope Food Pantry Network Clare House of Hospitality Eastview Christian Church Food Pantry Home Sweet Home Mission (meals on site, monthly baskets) Illinois Department of Human Services (Food Stamps) Loaves and Fishes Soup Kitchen (soup kitchen) McLean County Health Department (WIC) Mt. Pisgah Baptist Church Food Pantry SHARE Food Program of Illinois (co-op) St. Vincent De Paul Society at Holy Trinity Parish The Salvation Army, Bloomington Corps (pantry, meals at Safe Harbor Shelter) Western Avenue Community Center
General Relief	City of Bloomington Township, Office of General Assistance Illinois Department of Human Services (TANF) McLean County Township Normal Township, Office of General Assistance Social Security Administration Veteran's Assistance Commission
Health Care, Screening/Diagnostic Services, and Insurance Counseling	Bloomington Lions Club BroMenn Regional Medical Center Center for Healthy Lifestyles Children's Health Care Council of McLean County Community Health Care Clinic Eastland Medical Plaza McLean County Health Department OSF St. Joseph Medical Center Planned Parenthood of East-Central Illinois Scott Health Resources Center YWCA of McLean County
Household Items and Non-food Essentials	Mid Central Community Action Mt. Pisgah Baptist Church Food Pantry Partners for Community, Recycling for Families The Salvation Army, Bloomington Corps
Housing Down Payment or Sweat Equity Assistance	Central Illinois Coalition for Affordable Housing Habitat for Humanity of McLean County, Inc.
Legal Advocacy and Aid	Countering Domestic Violence Prairie State Legal Services
Mental Health	Agape Counseling BroMenn Regional Medical Center (inpatient and outpatient) Catholic Charities (formerly Catholic Social Services) Chestnut Health Systems Counseling Services Collaborative Solutions Institute Lutheran Child and Family Services McLean County Center for Human Services

Figure 7.1 continued on next page

Figure 7.1 continued

Type of Service	Organization
Mentoring Program	Big Brothers Big Sisters of McLean County
Rent Assistance	City of Bloomington Township, Office of General Assistance Housing Authority of the City of Bloomington McLean County Township Mid Central Community Action Normal Township, Office of General Assistance PATH (Providing Access to Help) The Salvation Army, Bloomington Corps Veteran's Assistance Commission
Substance Abuse	Chestnut Health Systems Substance Abuse Treatment Illinois Institute for Addiction Recovery (through BroMenn) Pathways Support Group Ministry
Thrift Shops and Clothing	Birthright of McLean County BroMenn Thrift Shop Four Seasons Church of Christ Goodwill Industries Mission Mart St. Vincent De Paul Society at Holy Trinity Parish The Salvation Army Thrift Shop
Transportation	Bloomington-Normal Public Transit System Illinois State University Nite Ride Show Bus TLC Express YWCA of McLean County
Twelve-Step Mutual Support Groups	Alanon/Alateen Alcoholics Anonymous Gambler's Anonymous Narcotics Anonymous Overeaters Anonymous
Utility Assistance	American Red Cross of the Heartland City of Bloomington Township, Office of General Assistance Illinois Power Customer Assistance McLean County Township Mid Central Community Action Normal Township, Office of General Assistance PATH (Providing Access to Help) The Salvation Army, Bloomington Corps Veteran's Assistance Commission
Veteran Benefits Advocacy	Illinois Department of Veterans Affairs
Vocational Services and Training	Career Link Illinois Department of Employment Security Illinois Department of Human Services, Office of Rehabilitation Services Job Connection Marc Center Occupational Development Center YouthBuild of McLean County

Source: Adapted from PATH (Providing Access to Help), *PATH's Directory of Human Services 2002-2003*, (Bloomington, IL, 2002); in addition, specific organizations' Websites and brochures were consulted.

When asked about any duplication of services provided to people experiencing homelessness in Bloomington-Normal, all but a few key informants believed there to be none. Many study participants credited the Continuum of Care with improving communication and coordination among organizations serving people experiencing homelessness. In 1995, the U.S. Department of Housing and Urban Development (HUD) began to promote the creation of Continuums of Care throughout the country to do just that.[7.3] The local Continuum of Care began in 1997; it is part of the 13-county Central Illinois Continuum of Care. Funding for the McLean County Continuum of Care comes from HUD's Supportive Housing Program, the City of Bloomington (also the HUD grantee), and local organizations. PATH (Providing Access to Help) leads the 40 to 50 organizations taking part in this local network.[7.4]

According to its Homeless Services Center HUB brochure, the McLean County Continuum of Care seeks to "help homeless individuals and families transition from homeless [*sic*] to permanent housing by increasing their self-sufficiency through the provision of necessary supportive services." At the Homeless Awareness Week Luncheon on November 7, 2002, the ***Continuum identified major needs for people experiencing homelessness: 1) a day center, 2) permanent supportive housing, 3) mental health outreach, and 4) long-term solutions for families experiencing homelessness.***

By May 2002, the Continuum had opened the Homeless Services Center HUB at the Housing Authority of the City of Bloomington's Wood Hill Family Complex. The HUB is a one-stop shop for a range of services. The Continuum also completed implementation of the Regional Online Service Information System (ROSIE), which facilitates better tracking and sharing of information. For fiscal year 2002, ROSIE shows that 144 participants in Continuum programs moved to unsubsidized rental houses or apartments, and 1 bought a home.[7.5] In addition, the Continuum of Care exceeded all three goals set in its grant proposal to HUD. For example, 63 percent of people experiencing homelessness were in permanent housing within 12 months of their initial assessment.[7.6]

Barriers to accessing services

For people experiencing homelessness

A report by the U.S. General Accounting Office details the factors that can prevent people experiencing homelessness from accessing the many services of mainstream providers:

> Homelessness is characterized by a lack of resources and stable housing, and homeless people suffer disproportionately from a variety of personal problems, such as poor health, mental illness, and substance abuse disorders. The combination of these conditions can exacerbate obstacles to (1) getting information about mainstream programs and fulfilling their administrative and documentation requirements, (2) communicating and meeting with

[7.3] Urban Institute and ICF Consulting, *Evaluation of Continuums of Care for Homeless People: Final Report*, [Internet], http://www.huduser.org/publications/pdf/continuums_of_care.pdf, (Washington, DC: Office of Policy Development and Research of the U.S. Department of Housing and Urban Development, May 2002), xii.

[7.4] The information in this paragraph about the McLean County Continuum of Care comes from its Homeless Services Center HUB brochure and a presentation at the Homeless Awareness Week luncheon on November 7, 2002.

[7.5] PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

[7.6] From the Continuum of Care's report to HUD for the June 2001 to May 2002 year, for HUD grant number IL01B012002.

mainstream service providers, and (3) effectively using the services provided by mainstream programs.[7.7]

Participants in this research project—people experiencing homelessness, social service providers, and others—described the same barriers.

Lack of sufficient/correct documentation can be a major barrier. Many study participants cited lack of a photo identification card or proper documents as a barrier, for example in obtaining a job. With the new policy requiring photo identification for clearance to stay at Home Sweet Home Mission and Safe Harbor Shelter, not having such a card might lead to sleeping on the street. (See section 6 for a description of this policy.) Study participants complained about people being released from the Illinois Department of Corrections without identification. Additionally, one provider pointed out that birth certificates are often required before an identification card can be issued; these birth certificates may be from other states, and it can take weeks to get them. Obtaining the proper documentation also costs money.

People experiencing homelessness also may have difficulty meeting program requirements.[7.8] A poor credit history and/or a criminal background can prevent people experiencing homelessness from obtaining bank services (as well as employment), and they limit housing and shelter options (particularly for drug and sex offenses). One focus group participant saw the credit issue as a form of institutional discrimination, making people suffer needlessly for past bad choices. Many study participants also felt that high costs and lack of insurance prevent people with substance abuse problems from getting the help they need. Furthermore, many people experiencing homelessness, especially those without Supplemental Security Income (SSI), cannot afford medications to treat mental illnesses. In addition, individuals experiencing homelessness who are concerned with meeting basic needs like housing, food, and clothing may not place priority on or recognize that they need treatment for an addiction or mental illness.

Several logistical factors can make it difficult for people experiencing homelessness to meet with service providers. Public transportation to service providers may not be available. And persons with mental illness may not have the capacity to use public transportation unassisted. (Please see the "transportation" subsection below.) A focus group participant experiencing homelessness found that the Homeless Services Center HUB's hours of operation, 9:00 a.m. to 1:00 p.m., Monday through Thursday, conflicted with his work schedule and prevented him from going there. (The HUB's policy of providing services by appointment if the client is working during all of the available hours may need to be better communicated. Additionally, one key informant said that it is almost impossible to get an appointment.) Lastly, people with physical disabilities have difficulty accessing facilities not equipped to meet their needs. For example, accommodations may need to include TTY (TeleTYpewriter) and/or wheelchair-accessible entrances, elevators, and bathroom facilities. Some of these issues were discussed specifically in relation to Safe Harbor Shelter and Home Sweet Home Mission. All organizations, however, need to be accessible.

Once a person experiencing homelessness meets with a social service provider, they may have difficulty communicating with each other. A couple of key informants cited the behaviors and/or attitudes of people experiencing homelessness, especially those with substance abuse issues, mental

[7.7] U.S. General Accounting Office, *Homelessness: Barriers to Using Mainstream Programs,* GAO/RCED-00-184, (Washington, D.C., July 2000), 7.

[7.8] The same is true of basic services; for instance, focus group participants reported that they cannot get a library card, a post office box, or a bank account if Safe Harbor Shelter is their address.

health problems, and/or poor hygiene, and the reactions of social service providers to these characteristics, as major barriers. Others felt that social service providers need to be conscious of the language they use and to use common terms so they will be understood. Complicated application procedures and paperwork may also impede communication. Not having a reliable address or phone access can also make it hard for people experiencing homelessness to communicate with service providers.

While two study participants felt that lack of knowledge about local services can be a big barrier, others felt that manipulation of the system and dishonesty were bigger problems. One informant said that "people learn to play the system, which suppresses them, and they stay suppressed." Another talked about people learning to live a lifestyle of dependence, as opposed to a lifestyle of independence. When asked about barriers to accessing services, one person who had experienced homelessness responded, "Not telling the whole truth, lying." This informant noted that these people, the people who manipulate the system, "mess it up for others" and "hurt the ones who really need help."

At the same time, one of the biggest barriers mentioned by key informants and focus group participants alike was the poor attitude of some service providers in this community. Both service providers and service recipients made this comment. For example, two spoke of rude treatment, another of nasty attitudes. Study participants suggested that providers be more empathetic, that providers put themselves in the shoes of their clients. A study participant who had experienced homelessness suggested that providers be more positive and uplifting.

A very important barrier is the lack of social integration. One informant described the way that people staying at shelters can form a small community:

> Some may hate each other in those groups, but they become interdependent. They are real loyal. If one of them needs five dollars, another will give it even if she or he doesn't have much and without asking why. They share food with each other, knowing that others have shared with them and that they themselves will need something in the future. They take care of each other and have a sense of community. Everyone needs to eat and be warm, even if she or he is not liked by the others.

Unfortunately, this experience of integration and reciprocity may not extend beyond the shelter. Study participants felt that churches could be particularly helpful in this regard: churches volunteering at shelters could help to create a sense of community and to counteract the isolation that people experiencing homelessness often confront (individually or as a group). Other key informants pointed out that many people experiencing homelessness do not have family in the community to fall back on, and so they need as much social support as possible. A focus group touched on the need for outreach particularly to the Latino community, where homelessness is harder to see because people may double and triple up in housing. Language spoken and legal status can be barriers for Latinos experiencing homelessness. An informant concluded that people experiencing homelessness, whatever their ethnicity, "want to be accepted even if they have flubbed, so that they can pick up the pieces and move on."

For service providers

While our key informant and focus group questions did not explicitly include barriers for service providers, several issues emerged through interviews and focus groups. A couple of service providers expressed deep concern over the length of time that it takes them to get their clients what they need, particularly substance abuse treatment and prescription drugs. One provider spent a day trying to get medication for a client, being referred back and forth among local organizations. This kind of situation frustrates both the person experiencing homelessness and the person trying to help. Providers may also

lack the experience or training to effectively relate to persons experiencing homelessness who also suffer from mental illness. Particularly for those experiencing homelessness and seeking counseling, if a rapport is not established in the treatment setting, they may be less likely to continue treatment.

While most study participants spoke of a high level of communication and coordination among providers to people experiencing homelessness, several felt that there was still room for improvement. In a focus group discussion about the location of service providers, one participant asserted: "If we do ask them [clients] to go all over, we need to know where to send them." Clients may not be told about services available to them, or they may be given misinformation. This focus group advocated improving communication and awareness of services by putting PATH's *Directory* online or on disk, so that it could be searched by keywords (e.g., car repair).[7.9] Another suggested that all providers could be part of a computerized network to better track the people receiving services. Key informants also indicated that the Continuum of Care needs to proactively educate those social service organizations and government agencies not actively involved with the Continuum about services available in the community.

A U.S. General Accounting Office report discusses a variety of barriers for people experiencing homelessness that are inherent in mainstream federal programs such as Food Stamps and Medicaid. For example, mainstream service providers may lack the training and skills necessary for working with people experiencing homelessness, and federal programs, aside from not providing incentives for mainstream organizations to serve people experiencing homelessness, may actually generate disincentives through an outcome-oriented approach that discourages work with hard-to-serve populations. Fragmentation of government programs for low-income people creates further complications.[7.10] Recognition of such barriers is a first step to overcoming them.

General approaches to working with people experiencing homelessness

Some key informants and focus group participants made explicit connections between homelessness and politics. One described homelessness as a systemic problem, beyond what local organizations can solve, despite the generosity of this community. Another talked about the need for the political will to address homelessness and to make some tough decisions about budget priorities. A third felt that perspectives on homelessness depend on one's political views—liberal or conservative. The implication was that liberal approaches to homelessness place the causes of the problem more often in our flawed social systems, while conservative approaches more often look for explanations in individuals' failings. In fact, people experiencing homelessness are such a diverse group, and homelessness such a complex problem, that both liberal and conservative approaches may be helpful. Regardless of their political perspective, social service providers emphasized three important approaches for effectively working with people experiencing homelessness: the one-stop shop, individualized support, and thorough case management.

[7.9] PATH (Providing Access to Help), *PATH's Directory of Human Services 2002-2003*, (Bloomington, IL, August 2002).
[7.10] This entire paragraph drawn from U.S. General Accounting Office, Homelessness: *Barriers to Using Mainstream Programs*, 10-11.

One-stop shop. Study participants expressed concern that those needing services are "bumped around town" or "shuffled around," and a one-stop center appears to minimize this problem.[7.11] Both focus group participants and key informants emphasized the importance of co-locating services. *The Pantagraph* reports that approximately 50 women and men come to the Homeless Services Center HUB each week.[7.12] The Continuum of Care's report to HUD includes a discussion of the benefits of this new one-stop shop:

> We have placed access to outreach services, transportation services, GED education services, housing and benefits specialist services, job development, life skills, dental, medical, and psychotropic medication vouchers under one roof. This 'one-stop shop' has reaped numerous benefits for our clients. Allowing the various staff to interact together as they serve a client has enabled us to increase our success rates for individuals obtaining permanent housing, obtaining employments [*sic*], and increased life skills programming.[7.13]

One-stop shops may contain a number of supportive services. For example, The Center for the Homeless in South Bend, Indiana, has a Community Partnership Center that includes a medical clinic, mental health counseling, early childhood education, and job training.[7.14] A couple of study participants commended the Continuum of Care's efforts to establish a one-stop shop but felt that more services need to be integrated (e.g., mental health services).

Individualized support. Because people experiencing homelessness are such a diverse population, as documented in section 5 of this report, a cookie-cutter approach is likely to help only a portion. One-on-one attention is critical. A person who had experienced homelessness emphasized the importance of conversation: people seeking services often have a lot on their minds and need someone to listen to them. A service provider echoed that it is important to talk and listen to people experiencing homelessness one-on-one, to treat them as individuals, to be a "good ear and a shoulder to cry on." Another also emphasized the need for compassion: "Providers must listen to individuals' stories."

Thorough case management. An expert notes, "For a housing-plus-services approach to succeed, case management for homeless people is essential."[7.15] Case management needs to be strong and proactive, particularly during transitions. When asked why case management is important, one key informant explained that people experiencing homelessness often have many other problems besides homelessness (e.g., drug problem, victim of violence). These other problems need to be addressed in a coordinated way. Another provider suggested that intensive case management needs to be given at least to those who need it most. This informant gave the example of single mother of four children with an abusive ex-husband. Key informants indicated that case managers need to work with individuals and families experiencing homelessness long-term. They can work to ensure that essential supports are in place before their clients move out of shelters—this is essential, according to Heart House staff in Eureka, Illinois. Even with these supports in place, clients may need to know that they have a source of

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[7.11] According to *The Pantagraph*, the City of Bloomington Township has plans to create a one-stop shop by sharing a new building with John M. Scott Health Resources Center. *The Pantagraph,* "Monthly Business Barometer, Volume 12, No. 1," [Internet], http://www.pantagraph.com/business, (January 2003).

[7.12] Richardson, S., "HUB Prepares to Give Warm Holiday to Homeless," *The Pantagraph*, (Bloomington, IL, December 15, 2002).

[7.13] From the Continuum of Care's report to HUD for the June 2001 to May 2002 year, for HUD grant number IL01B012002.

[7.14] Schroeder, C., "Homeless Center Debate Mirrors Indiana's," *The Cincinnati Enquirer*, [Internet], http://enquirer.com/today, (Cincinnati, OH, May 19, 2002).

[7.15] Burt, M.R., "Washington News and Views: Time for a Common Sense Policy on Homelessness," *Shelterforce Online*, 122, [Internet], http://www.nhi.org/online/issues.html, (March/April 2002).

advice and help after they have housing.[7.16] Case management matters to clients: as one woman who arrived at Home Sweet Home Mission with nothing but the clothes on her back put it, "Thank God for the caseworkers!"

Specific types of services to initiate, expand, or enhance

While people experiencing homelessness may need a variety of services and may interact with all types of providers in Bloomington-Normal, discussions with key informants and focus groups emphasized three types of services that need to be initiated, expanded, or enhanced: a day center; employment, education, and training services; and disability services. This section concludes with a brief discussion of other services discussed by study participants. Note that all of these types of services can reduce barriers to additional services and improve integration of people experiencing homelessness in the larger community. Information about individual organizations comes from direct contact with their representatives, in addition to their Websites and brochures, PATH's *Directory*, Continuum of Care meetings, and other sources as noted.

Day center

At the Homeless Awareness Week luncheon on November 7, 2002, the Continuum of Care indicated that a day center is a top priority. According to *The Pantagraph*, the Continuum has been in search of a day center for over ten years.[7.17] ***All five focus groups and many key informants expressed the need for a day center.*** "Everyone recognizes a need for a day center," one key informant asserted.

The desire for a day center seems to come from both a genuine interest in the well-being of people experiencing homelessness and concerns about the impact of these individuals, particularly "aggressive panhandlers," on downtown residents, merchants, and shoppers. People living, working, and shopping downtown have expressed concerns about panhandling by people experiencing homelessness.[7.18] An informant stated, "There is greater concern for other interests—economics—than for the homeless themselves. People experiencing homelessness intimidate potential customers." A focus group participant experiencing homelessness echoed, "The community members do not want to see the homeless walking around." Many informants expressed concerns about the health and safety of people experiencing homelessness out on the streets during bad and/or cold weather. One pointed out that it is idealistic to believe that everyone should be working during the day: some people will always need day shelter. Examples of people especially in need of a day center include those who cannot work due to a disability, those who are ill, and those who work second or third shifts. Without a day center, these workers can go to the Bloomington Public Library, but library rules prohibit sleeping there.

Study participants had specific suggestions about what a day center should be like: it should combine a place to "hang out" with job services, child care, educational opportunities, and other resources and referrals. One key informant asserted, "We need a day center with all the ***resources/providers*** right

[7.16] Karaim, R., "Housing First: Tales of New Beginnings," [Internet], http://www.npr.org/news/specials/housingfirst, (July 2002).
[7.17] *The Pantagraph*, "Editorial: Day Shelter for Homeless Will Meet Important Need," (Bloomington, IL, December 30, 2002).
[7.18] See for example, S. Richardson, "No Place to Call Home," *The Pantagraph*, (Bloomington, IL, November 10, 2002), and K. Schmidt, "Growing Pains in Bloomington Sign of Progress," *The Pantagraph*, (Bloomington, IL, October 6, 2002).

there." Informants suggested that there should be ***phones and computers with Internet access*** available for job searching. People who work second or third shifts may need a ***place to sleep***. Informants indicated that ***shower and laundry facilities*** need to be available. The day center could also provide ***hot meals***. For people with substance abuse issues, a day center would also provide an alternative place to other environments that might encourage drinking and/or drug use. At the same time, one key informant cautioned, "You don't want to create an environment that keeps them [people experiencing homelessness] from looking for work—this is a real dilemma."

Should a day center be housed in an emergency shelter? A couple of study participants felt that co-locating emergency shelter and a day center would improve case management. Locating the two together, however, could be a source of conflict if the eligibility requirements of service providers in the day center do not match those of the host shelter. For example, a person banned from the premises for drinking alcohol in the shelter might then be deterred from accessing her or his case manager and getting a referral to a substance abuse program. (If both day center services and shelter are provided in one location by the same organization, of course, then conflict is less an issue—unless access to the day center is contingent upon being able to meet requirements to gain overnight shelter.)

To provide shelter from the cold, ***Jesus Coffeehouse*** in downtown Bloomington expanded its hours shortly after Thanksgiving 2002. It is now open weekdays from 7:00 a.m. to 5:00 p.m., in addition to Saturdays from 8:00 a.m. to 9:00 p.m., and Sunday afternoons (when meals and sermons provided by local churches attract 80 to 100 people). The volunteer-run Coffeehouse welcomes people experiencing homelessness, "who end up making close bonds with one another." The purpose of the Coffeehouse is "to provide a safe, warm environment for people on the streets, a place where they can find encouragement." One person experiencing homelessness talked about his "family" at Jesus Coffeehouse, an indication that the organization is supporting social connections.[7.19]

At the end of October 2002, a group of interested individuals (downtown residents and representatives of churches, service providers, and city government) met at the Uniquely Bloomington offices to discuss the day center issue. They have formed the ***Bloomington Coalition for the Homeless***. According to a press release issued on December 11, 2002: "The coalition hopes to challenge the causes of homelessness by providing services that respect a person's dignity and choice regardless of their physical and emotional condition, or status. The coalition will strive to work collaboratively with the community in challenging the root causes of poverty and effecting change thorough [*sic*] community development activities."[7.20]

Second Presbyterian Church, a member of the Bloomington Coalition for the Homeless, has decided to convert the basement of one of its buildings (a former post office at 313 North East Street) into a day center. The basement already has a wood shop, which could be put to use, and tentative plans include adding showers, a kitchen, common space, computers, a television, and the Homeless Services Center HUB. Fundraising for the day center is underway; Second Presbyterian Church's Reverend Ted Pierce

[7.19] This entire paragraph drawn from S. Richardson, "Homeless Seek Shelter from Frigid Temperatures," *The Pantagraph*, (Bloomington, IL, January 24, 2003), and S. Richardson, "Needed Donations Pour into Jesus Coffeehouse," *The Pantagraph*, (Bloomington, IL, January 29, 2003). These articles reported conflicting information about hours of operation—the information from the more recent article is included here.

[7.20] Information in this paragraph comes from direct communication with the Bloomington Coalition for the Homeless, from *The Pantagraph*, "Editorial: Day Shelter Will Meet Important Need," and from K. Hansen, "Mission Studying Changes," *The Pantagraph*, (Bloomington, IL, January 31, 2003).

hopes that the day center will open in the spring of 2003.[7.21] As local organizations continue to work together to consider day center needs and resources for Bloomington-Normal, they can look to other central Illinois day centers (e.g., Peoria Community Connection Center and Oasis Day Center in Decatur), in addition to the model day center included in section 8 of this report. Day center planners can coordinate not only with existing emergency shelters but also with any churches interested in the Interfaith Hospitality Network Program, through which congregations provide emergency shelter to families on a rotating basis.[7.22]

Employment, training, and education services

Study participants pointed out that ***homelessness is a barrier to employment***. Some people experiencing homelessness felt that they had been discriminated against by potential employers for being at a shelter.[7.23] A key informant added that many employers might not hire people experiencing homelessness, especially if the job involves handling money. This person felt that employers also might assume that the person experiencing homelessness will not be around for very long. In addition, a couple of people experiencing homelessness felt that Labor Ready, which hires for day labor, shows favoritism in choosing who will work each day.

A lack of certain basic skills may be a barrier not only to employment but also to maximum self-sufficiency. ***Those study participants who work directly with people experiencing homelessness identified life skills training as a vital service for their clients.*** Life skills include building self esteem, budgeting, goal-setting, communicating, managing anger, coping with stress, assessing values, solving problems, etc. The Continuum of Care has a Life Skills Teacher (through the University of Illinois Extension) available to those staying at emergency shelters and the Housing Authority of the City of Bloomington. In addition to on-site presentations and one-on-one meetings, the Life Skills Teacher is at the Homeless Services Center HUB from 9:00 a.m. to 1:00 p.m. three days per week and by appointment. For fiscal year 2002, 92 percent of those working with the Life Skills Teacher showed a 90 percent increase in knowledge at course completion.[7.24] ROSIE data show that, during that year, the Life Skills Teacher served 248 individuals, up 23 percent from 201 in fiscal year 2000.[7.25] Although the Life Skills Teacher offers incentives and theme-based presentations, according to materials distributed at the Homelessness Forum on March 14, 2002, attendance at individual presentations has sometimes been low in the past, for example at Safe Harbor Shelter. In the fall of 1999, when the Continuum of Care compared its one-day inventory of life skills training slots for individuals and families to the estimated need, it rated increasing the number of those slots as a "low" priority because the available services met

[7.21] Ibid.

[7.22] Study participants indicate that, in recent years, local congregations have considered starting this program. For more information, see Family Promise, "The Interfaith Hospitality Network Program," [Internet], http://www.nihn.org/program.htm, (updated January 28, 2003).

[7.23] Shelters may help to overcome this barrier by establishing a post office box and a separate telephone line that is answered like a private residence (e.g., "Hello," not the name of an emergency shelter). Job-seeking clients can use this phone number and post office box when filling out applications. From National Alliance to End Homelessness, "Best Practices of the Homeless People's Work Opportunity Network," [Internet], http://www.endhomelessness.org/vista/vistabest.htm, (accessed January 2003).

[7.24] From the Continuum of Care's report to HUD for the June 2001 to May 2002 year, for HUD grant number IL01B012002.

[7.25] PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

or exceeded the estimated need.[7.26] A key informant pointed out that, in fact, the Life Skills Teacher may be an underutilized resource because the curriculum is not mandated.

Whether new arrivals or long-time residents of Bloomington-Normal, people experiencing homelessness may lack the degrees and/or skill sets required by local employers. The Regional Office of Education has a GED (General Educational Development) instructor available at the Homeless Services Center HUB from 9:00 a.m. to 12:00 p.m. two days per week and by appointment. One key informant felt that GED services should be available there full-time. Two key informants talked about how competitive the local job market is: a high school diploma or GED alone is "not enough anymore" in a community with four institutions of higher education, especially to gain employment with a "living wage." Two key informants also cited a lack of computer skills in particular among people experiencing homelessness. Another noted that training needs to be stable and consistent. More education means a lesser need for social services, according to one key informant.

In addition, study participants talked about the need for job coaching, not just help in writing a resume.[7.27] The Continuum of Care employs a Job Developer through Career Link for people experiencing homelessness. The Job Developer is at the Homeless Services Center HUB from 9:00 a.m. to 1:00 p.m. three days per week and by appointment. One key informant felt that job placement services should be available full-time. The Continuum reported for fiscal year 2002 that 84 percent of clients experiencing homelessness obtained employment within 6 months of their first contact with the Job Developer.[7.28] ROSIE data show that in fiscal year 2002, the Job Developer assisted 86 individuals in seeking jobs.[7.29] But people experiencing homelessness may need support in *retaining* their jobs as well. A few informants said that the Job Developer is an underused resource, perhaps because providers may not require a person experiencing homelessness to see the Job Developer. Furthermore, some people experiencing homelessness may be intimidated by computers (despite apparent confidence) and therefore reluctant to work with the Job Developer. Study participants felt that people experiencing homelessness need one-on-one programs to help them understand how to keep a job and how to spend money.

Furthermore, study participants suggested that service and/or shelter providers consider offering transitional or supportive employment opportunities to people experiencing homelessness. If employed in a supportive environment, people experiencing homelessness could earn wages, learn skills, and build their resumes so that they can transition to mainstream jobs. Four study participants cited the services provided by the Occupational Development Center (ODC)—building skills, teaching job search strategies, and increasing motivation—as a good example of what could be done for people experiencing homelessness who do not qualify for ODC's services. ODC serves people with vocational barriers, including physical disabilities, developmental disabilities, and mental health diagnoses. ODC has three

[7.26] City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000), 68. The only gaps analysis data available for 2000 are for the larger Central Illinois Continuum of Care, and the local Continuum of Care did not perform a gaps analysis in 2001. At the time of this report, the results of the 2002 gaps analysis were not yet available.

[7.27] A January 28, 2003, letter from PATH (Providing Access to Help), the lead Continuum of Care organization, requests proposals from local organizations to provide job developer and employment support services, including "on-the-job coaching services."

[7.28] From the Continuum of Care's report to HUD for the June 2001 to May 2002 year, for HUD grant number IL01B012002.

[7.29] PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

training programs (Vocational Development, Organizational Employment, and PsychoSocial Rehabilitation), as well as its Job Connection placement services, which matches employers and employees. Marc Center also has supportive employment for its clients, who have specific developmental disabilities: as needed, a job coach is available on-site. Likewise, the Office of Rehabilitation Services of the Illinois Department of Human Services provides individual job coaching for people with disabilities. All three of these organizations are potential sources of information about providing supportive job services. An informant pointed out that helping people with disabilities get and keep work requires a stable living environment, something that emergency shelters like Safe Harbor Shelter may not provide.

One key informant suggested supportive employment through on-site jobs at local shelters for their residents. Additionally, a focus group of people experiencing homelessness suggested that employment services should be tailored to individuals and more supportive: job counselors, ideally located at the shelter, could have lists of available openings with employers who are willing to be supportive of people experiencing homelessness. In other words, service providers could network and even partner with businesses to place people who are experiencing homelessness. Businesses would find an untapped pool of potential employees, and these employers could learn about and rely upon the range of Continuum of Care services available to help stabilize people experiencing homelessness. Such a partnership would go a long way towards breaking down biases against people experiencing homelessness and better integrating these individuals and families into the larger community.

"Finding a job is not a problem, finding one you can live on is," explained one key informant. This person added: "People say, 'If only the homeless would work, they would have a place to live,' but that's baloney. Even if you work, you can't live—at seven dollars an hour, you can't live unless you're subsidized." Two focus groups also raised the issue of a living wage. One focus group participant described available jobs as "incomplete"—not full-time, no benefits, and not accessible by public transportation. (See the discussion of transportation issues below.) A key informant has worked with many mothers and some fathers who have jobs but do not have any benefits, insurance, sick days, vacation days, etc. She indicated that these jobs lack stability: the employers cut the hours unpredictably. Another study participant pointed out that there is no housing for someone making seven dollars per hour. (See the discussion of affordable housing in section 6 of this report.) One study participant experiencing homelessness described a Springfield township job program that helps with initial rent and security deposits, matching the workers' capital to help them get on their feet. A similar approach might be effective for helping employed people experiencing homelessness in Bloomington-Normal.

Mental, substance abuse, and developmental disability services

Incidence of disabilities among people experiencing homelessness[7.30]

As the total number of individuals served annually by the Continuum of Care has increased over the three-year period from June 1999 to May 2002 (from 535 to 587 to 819 people), so have the numbers of served individuals who reported disabilities at intake (see Figure 5.4, noting that these self-reported numbers are conservative).[7.31] Twenty percent (161 of 819) of those receiving services reported a mental illness at intake for fiscal year 2002, while 18 percent (147 out of 819) reported alcohol abuse problems

[7.30] See also section 5 of this report.

[7.31] Disability, unless otherwise noted, is defined in this section to include substance abuse. Definitions are provided in a later footnote.

and 16 percent (130 out of 819) reported drug abuse problems. A smaller percentage of people reported developmental (less than one percent) or physical (seven percent) disabilities. Dual or multiple disabilities is not included as a separate category in the source for Figure 5.4; therefore, it is assumed that individuals with dual or multiple disabilities were counted more than once. A report for the U.S. Department of Health and Human Services reports a strong likelihood of co-occurring disorders in those with a substance abuse or mental health disorder.[7.32] In addition, the U.S. Census Bureau estimates that 12.6 percent of the general McLean County population over the age of 5 has a disability.[7.33]

The prevalence of mental health and substance abuse problems is greater in the population of persons experiencing homelessness than in the population in general.[7.34] One Safe Harbor Shelter staff member commented on the prevalence of addiction among those staying at the Shelter, saying many of "our people are heavily addicted (not weekend addicted)—[their] main goal is to get high or drunk." Another staff member referred to two types of people staying at the Shelter—those who are addicts and those who are down on their luck (and homeless due to a job loss or illness). A key informant not working at Safe Harbor Shelter said that the majority of those staying at the Shelter have substance addictions. Safe Harbor Shelter policy allows persons who are under the influence of drugs or alcohol to stay at the Shelter,[7.35] whereas Home Sweet Home Mission does not allow people to use drugs or alcohol and remain there. It is not surprising then, that a significant number of individuals at Safe Harbor Shelter have addiction problems.

Over half of the key informants and all of the focus groups touched on substance abuse and/or mental health issues. Some study participants rated substance abuse and mental health services as two of the greatest needs for people experiencing homelessness; others suggested that mental illness and substance abuse are two primary causes of homelessness. Regardless of the cause, one formerly homeless study participant recognized that being homeless creates anxiety and depression in an individual.

Needs and resources

At the Homeless Awareness Week luncheon on November 7, 2002, the Continuum of Care prioritized mental health outreach as a major need. In addition to the barriers to accessing services for the "chronically homeless" (that is, people who remain homeless in large part due to their mental conditions and/or addictions) discussed above, study participants specified some of the needs for disability services in Bloomington-Normal:

- There is a lack of residential substance abuse treatment options for uninsured or low-income individuals experiencing homelessness. Those who struggle to confront their substance abuse addictions need immediate service when they reach the point of seeking help. At least one study participant believes that treatment options that do exist are not long-term enough to be effective; therefore, individuals coming out of treatment return to their same patterns of substance use and abuse.

[7.32] Winarski, J.T., *Implementing Interventions for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders: A PATH [Projects for Assistance in Transition from Homelessness] Technical Assistance Package, for Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services,* [Internet], http://www.pathprogram.com/tech_assist, (Sudbury, MA: Advocates for Human Potential, March 1998).

[7.33] U.S. Census Bureau, *Demographic Profiles, Table 2, Profile of Selected Social Characteristics: 2000*, [Internet], http://www.census.gov, (Summer 2002). This is an estimate and is subject to sampling error. The Census definition of "disability" does not necessarily include individuals with substance abuse disorders or problems, although individuals may have identified themselves as having a disability based on their substance use.

[7.34] National Coalition for the Homeless, "NCH Fact Sheet #8: Health Care and Homelessness," [Internet], http://www.nationalhomeless.org/health.html, (Washington, D.C., June 1999).

[7.35] Safe Harbor Shelter policy does not allow individuals to use drugs or alcohol on the premises.

- There is a lack of residential and outpatient mental health treatment options/slots with follow-up (e.g., to monitor the use of medications).
- There is a need for additional permanent housing with supportive services (such as Mayors Manor), especially for those dually diagnosed—i.e., people with two disabilities (of substance abuse, mental, and developmental disabilities).

Many of these needs repeat what *Assessment 2000* study participants noted as shortages or gaps in the following health-related areas: " . . . mental health services for the working poor and uninsured; . . . inpatient and residential accommodation for mental illness sufferers; . . . coordinated geriatric mental health care provision; . . . psychiatrists for children and adolescents; . . . services for people suffering from both substance abuse and mental illness; [and] . . . medical detoxification services for uninsured patients . . . ."[7.36] To increase people's use of services when they are available, some study participants ***suggested bringing mental health and substance abuse prevention and treatment programs to The Salvation Army's Safe Harbor Shelter (e.g., on-site Alcoholics Anonymous meetings and mental health assessment)***.[7.37] In addition, Community Connections in Washington, D.C., provides an example of how to integrate services for people experiencing homelessness who have both substance abuse and mental health issues.[7.38]

A few study participants see a general need to put more money into community mental health services. The McLean County Health Department, Mental Health Division, "works with several state agencies . . . to plan and fund the local system of care. Mental health services are provided through contracts with local mental health and human services agencies."[7.39] The Mental Health Division is responsible for developing plans for community mental health services.[7.40] The most recent plan

[7.36] Applied Social Research Unit, *Assessment 2000,* 65.

[7.37] For guidance, the Bloomington Corps can look to other Corps' shelters (e.g., Stepping Stone Shelter in Champaign, Illinois) and Adult Rehabilitation Centers, which provide these kinds of services on-site.

[7.38] Community Connections, "Research: Services for Homeless Individuals with Dual Diagnosis," [Internet], http://www.communityconnectionsdc.org/research.htm, (accessed January 2003). For more information, contact Roger D. Fallot, Ph.D., at rfallot@communityconnectionsdc.org.

[7.39] McLean County Health Department, "Mental Health Services," [Internet], http://www.mclean.gov/health/Mental_Health.htm, (accessed December 2002).

[7.40] McLean County Health Department and McLean County 377 Board, *One and Three Year Plan for Mental Health, Developmental Disabilities, and Substance Abuse Service: FY00, FY01, FY02, FY03*, (Bloomington, IL). According to the Executive Summary, the most recent one- and three-year plans outline a "conceptual framework for setting priorities and funding mental health, developmental disabilities, and substance abuse services within McLean County" for fiscal years (July 1 through June 30) 2000 through 2003. The following definitions are used on page 5, with emphasis added. A <u>developmental disability</u> is "a severe, chronic disability of a person which: (a) is attributable to a mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age eighteen; (c) is likely to continue indefinitely; (d) results in substantial limitations in three or more of the following areas of major life activity; self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and individually planned and coordinated." <u>Substance abuse disabilities</u> are categorized as "<u>alcoholism</u>" and "<u>drug abuse,</u>" as follows: "An <u>alcoholic person</u> may be defined as one who suffers from an illness characterized by preoccupation with alcohol which is typically associated with physical disability and impaired emotional, occupational, or social adjustments as a direct consequence of loss of control over consumption of alcohol, demonstrated by persistent and excessive use of alcohol, such as to usually lead to intoxification if drinking is begun by chronicity, by progression, and by tendency towards relapse. . . . An <u>individual disabled by drug abuse or addiction</u> is someone for whom the non-medical use of any substance adversely affects some aspects of the user's life. Such abuse includes excessive use, inappropriate self-prescribed use, over-the-counter drug misuse, and dependent and habitual use (physical and/or psychological) of a wide variety of psychoactive drugs and substances. . . . <u>Individuals are emotionally disabled</u> [<u>mentally ill</u>] when they experience an impairment of cognitive, conceptual or affective responses which result in significant interference with normal functioning, such as with interpersonal relationships, independent living, or economic productivity. Such disabilities

prioritizes the expansion or maintenance of mental illness, substance abuse, and developmental disability services/programs using a number of strategies including: prevention; emergency/crisis intervention and assessment; treatment/(re)habilitation; sustaining care; and case coordination/management. The Community Mental Health Council is also working on these issues in Bloomington-Normal.

In McLean County, many organizations exist to serve persons with mental, substance abuse, and/or developmental disabilities:

- **The McLean County Center for Human Services** (CHS) provides a range of community-based mental health services to County residents with diagnosable mental disorders and functional impairments (e.g., inability to work) because of the disorder. Services are provided on a sliding-fee scale based on income and include: 24-hour mobile crisis response and assessment for psychiatric hospitalization; assessment, planning, and referral for treatment; youth counseling (and potentially case management to prevent out-of-home placement or hospitalization); adult counseling; community support services; and medical services such as medication monitoring and client education. The community support services include daily activities and classes in psychiatric rehabilitation and skill development, vocational services, peer support and socialization, and community resource development. The 24-hour staffed, eight-bed rooming house mentioned in the section 6 of this report accompanies this program. ***In January 2003, there was about a three-week wait time for an individual to see a counselor or, depending on the need, a psychiatrist***— approximately two weeks' wait for an "access" or initial appointment to set up services and another week's wait for the appointment with the counselor or psychiatrist.

  CHS serves people experiencing homelessness and estimates that 80 percent of these individuals are staying at Home Sweet Home Mission or Safe Harbor Shelter at the time of services. Although outpatient counseling is provided to people experiencing homelessness, most receive services only after reaching a crisis, for example, when the Mission or Shelter has had to call CHS's crisis team. CHS reports that although "a lot of homeless people will come in and request services, a smaller percentage, maybe half, actually follow through with services." ***A small percentage of CHS clients (3.65 percent) seen during the last six months of 2002 by the crisis team or in outpatient counseling were considered "homeless" with regard to their living arrangement (63 out of 1725 clients for this time period).***

- **Chestnut Health Systems** has been treating people experiencing homelessness since 1973. Chestnut offers a range of chemical dependency and mental health services on a sliding-fee scale. Chestnut's adult chemical dependency treatment program includes detoxification and residential services for men and women (16 beds each). ***In January 2003, there was a waiting list for placement in the residential unit*****;** a Chestnut staff member reports this is typical in Illinois. Length of time on the waiting list depends on the person's situation (e.g., women with children are considered a priority). An individual considered a priority may get in within a week. Time on the waiting list also depends on the time of the year, with mid-January to May being the busiest time of the year for residential services. Length of treatment averages 21 days.

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seem to be associated with psychological stresses and strains and include psychoses; neuroses; character, personality, psychosomatic, trait and behavior disorders. Priority shall be given to mentally ill or seriously emotionally disturbed adults who have been hospitalized or who are at high risk of community extrusion due to their actual or potential disordered behavior, and children and adolescents under age 18 (and their families) who have serious emotional or behavioral disturbances or seriously limited social functioning and whose functioning and behavior is so disturbing that community extrusion is likely without intervention."

Chestnut provides "social setting detoxification" to help people go through withdrawal from alcohol and/or drugs. There are four beds for men and four beds for women. Detoxification counselors provide oversight during this process; other medical providers are on call. Chestnut does not provide medications for withdrawal. If medication is necessary, clients are referred elsewhere. A representative of the Chestnut Central Region's Chemical Dependency Program reports that the ***"key thing missing is medical detox," i.e., detoxification provided with the aid of medication. Typically, there is no waiting list for Chestnut's "social setting detoxification" services.***

- **BroMenn Healthcare/BroMenn Regional Medical Center** provides chemical and/or behavioral addiction services for adults (inpatient treatment, day treatment, and outpatient rehabilitation) through the **Illinois Institute for Addiction Recovery.** Clients must have the ability to pay through insurance or out-of-pocket for addiction services. Walk-in clients without the ability to pay will be treated, if necessary, until medically stable. **BroMenn also offers outpatient counseling and psychiatric services** on a sliding-fee scale and provides inpatient mental health services. A BroMenn staff member reported that inpatient mental health services are provided to people experiencing homelessness who are brought to the hospital and who need to be admitted. She also reported (in December 2002) that the average daily census on this locked unit had doubled since the closure of Zeller Mental Health Center in Peoria in September 2002.

- Since May 2002, the **Collaborative Solutions Institute** has been providing counseling services to people experiencing homelessness who have mental health or substance abuse problems. The Continuum's Homeless Services Center HUB staff members determine eligibility and provide vouchers for the Institute's services. The Institute plays an "interim" role until services become available at another organization such as the Center for Human Services or Chestnut Health Systems. ***The Institute estimates it has served six or seven people experiencing homelessness between May and December 2002; capacity is 55 individuals per year. Several study participants suggested that the Institute is an underused resource.*** One person attributed this to the Institute staff being unable to establish rapport with clients in the short time that staff members have to work with them.

- **LIFE Center for Independent Living** "helps persons with disabilities help themselves" and provides a number of services, some of which include: advocacy, information and referral, and independent living skills training. The Center serves people with all types of disabilities and ***estimates: "Ten to fifteen percent of people with disabilities we see are homeless or have been homeless. Most of these individuals have some form of mental illness."*** The Center served 166 people with disabilities in 2000; 260 people in 2001; and 177 people in 2002.

Some study participants discussed the challenges that people with physical disabilities face when using social services. ***They indicated that shelter facilities and communication systems must be accessible to individuals with disabilities***; the Americans with Disabilities Act mandates reasonable accommodations be made to provide such access. More than physical accommodations though, service providers discussed staff attitudes in relation to people with disabilities and homelessness. Based on personal observation and information shared by shelter clients, a few social service providers suggested that ***disability awareness training is needed, especially for emergency shelter staff***. One study participant believes that shelter staff members "look on them [people with disabilities] as problems to be dealt with." LIFE Center for Independent Living and Chestnut Health Systems offered training to: increase awareness/sensitivity about various disabilities, discuss the rights of people with disabilities and the basics of accessibility to physical structures and social programs, and provide information about their

services. In addition, PATH (Providing Access to Help) offered to provide training in conflict resolution.

Other basic services

Transportation[7.41]

Four of the five focus groups and several key informants felt that transportation options for people experiencing homelessness need to be improved. One service provider pointed out that many people experiencing homelessness do not have cars. The U.S. Census Bureau estimates that 2,054 households in Bloomington did not have a vehicle available in 2000.[7.42] The Homeless Services Center HUB can give vouchers for Red Top Cabs, but there is a limit on the number. According to ROSIE data, the Homeless Services Center HUB assisted 220 individuals with transportation in fiscal year 2002.[7.43] Both people experiencing homelessness and service providers noted insufficient public transportation to potential places of employment (e.g., Labor Ready). A service provider added that those doubled up with friends and relatives in the trailer parks in south Bloomington and north Normal are "disenfranchised," cut off from social services if they do not have access to a car. Focus groups noted that public transportation needs to expand to cover earlier morning and later night hours when many people are going to or coming from second and third shift jobs (or needing to be at Labor Ready by 5:00 a.m.). A key informant gave the example of a shelter client without a GED working at a fast food restaurant. She or he may need to "close" and therefore get off work at 1:00 or 1:30 a.m., with no affordable way to get to the shelter.

Currently, the Bloomington-Normal Public Transit System (BNPTS) operates from 6:00 a.m. to 6:00 p.m., Monday through Saturday. Each ride costs 50 cents for an adult. Both students and non-students may use Illinois State University Nite Ride, which operates from 7:00 p.m. to 1:00 a.m. when classes are in session; non-students pay the BNPTS rate. To try to meet needs during off hours of the BNPTS, the YWCA Wheels to Work program started in 1998. It operates from 6:00 a.m. to midnight on Sundays and from 6:00 p.m. to midnight on the other days of the week. Each ride costs one dollar, plus another dollar if the ride is to child care. Since its inception, YWCA Wheels to Work has served 312 adults experiencing homelessness (74 during 2002) and approximately 25 children experiencing homelessness, most of whom were staying at Home Sweet Home Mission or The Salvation Army's Safe Harbor Shelter. In mid-November 2002, the program added a day route during weekdays from 5:30 a.m. to 3:00 p.m. to take registered employees on a semi-fixed route west of Interstate 55. Please see Figure 7.1 for other community organizations providing transportation.

One focus group participant asserted that, to truly be inclusive, transportation needs to be free of charge, with expanded routes, and available around the clock. That person's focus group suggested that emergency shelters and businesses partner to operate a van. A person experiencing homelessness stated

[7.41] Note that the McLean County Chamber of Commerce and other organizations hosted a Community Transportation Forum regarding federal funding of local transportation on November 26, 2002. Additionally, a proposed transit plan increases the number of buses and extends hours to midnight and Sundays. See Prandi, J.D., "Letter to the Editor: Moves Toward Improving Local Transit Encouraging," *The Pantagraph*, (Bloomington, IL, December 8, 2002).

[7.42] U.S. Census Bureau, *Demographic Profiles, Table 4, Profile of Selected Housing Characteristics: 2000,* [Internet], http://www.census.gov, (Summer 2002). This estimate is based on data from one out of six households, and therefore it is subject to sampling error.

[7.43] PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

that a van would be particularly useful for taking those at the shelters to the doctor when they are sick. A van for the shelters might also address a key informant's concern that some people experiencing homelessness (for example, those with mental illnesses) need guidance in getting to appointments—putting them on a bus by themselves is not effective.

Child care

One woman who had experienced homelessness and stayed at a local emergency shelter pointed out that there was no one with whom to leave her youngest child while she was trying to find a job. She added, "It's hard even for those who *have* a job if they don't know anyone in the community to take their kids." A focus group participant also identified a need for temporary child care for single parents experiencing homelessness.

A key informant added that child care is an important but lacking supportive service for people experiencing homelessness in Bloomington-Normal, even though there may be funding available for it. People experiencing homelessness need child care immediately, but it takes a week to do all of the paperwork (e.g., documenting immunizations). A key informant who had experienced homelessness described a Chicago Salvation Army shelter that has child care on site: "If you're looking for a job, you can sign papers to leave your kids there." Perhaps those organizations providing child care in Figure 7.1 that do not already partner with the Continuum of Care can be recruited to do so.

Representative payees

According to the Social Security Administration, "A Representative Payee is a person, agency, organization, or institution selected to receive and manage benefits on behalf of an incapable beneficiary."[7.44] The local Social Security office reports that finding representative payees for disabled individuals who are not living in institutions or with family is very difficult in this community. If such individuals are living on the street or at emergency shelters, their acquaintances may not meet the requirements to be representative payees (e.g., being employed). Representative payees pay their charges' bills first, ration out spending money over the course of each month, save any money left over, and provide an accounting to the Social Security Administration once a year—all without monetary compensation. Those being represented sometimes are abusive and/or demanding if they disagree with how the money is being allotted (e.g., wanting it all before bills are paid). The local Social Security office indicated that the lack of representative payees is an unmet need in Bloomington-Normal that comes and goes. A few local organizations or their representatives serve as representative payees for their clients only or for a limited number of individuals. For this study, three individual social service providers identified representative payees as an "extremely important" or "great need": they are "few and far between" in Bloomington-Normal.

Dental and health care

Several key informants expressed concern about insufficient medical and/or dental resources for people experiencing homelessness. ROSIE data show that in fiscal year 2002, 83 individuals served at the Homeless Services Center HUB received help with health care.[7.45] One key informant asserted that there is no adult dental program, only the pulling of teeth for pain relief: "And then people wonder why

[7.44] Office of the Inspector General of the Social Security Administration, "Audit Report: Identifying Representative Payees Who Had Their Own Benefits Suspended Under the Fugitive Provisions of Public Law 104-193," A-01-02-12073, [Internet], http://www.ssa.gov/oig, (Washington, D.C.: Social Security Administration, October 2002), 1.

[7.45] PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

homeless people can't get jobs when they have no front teeth." Others talked about difficulty getting prescription drugs, particularly psychotropic drugs for mental illness and pain medication. Please see Figure 7.1 for an overview of local organizations providing both free and fee-based health and dental care. (According to PATH's "PATHOGRAM" electronic mail update on January 14, 2003, the Community Health Care Clinic has temporarily stopped accepting new patients, emergencies excluded, in response to increased demand and decreased staff.)

According to the National Healthcare for the Homeless Council, people experiencing homelessness are increasingly enrolled in Medicaid managed care programs. The Council describes several challenges that result:

- "The social circumstances of homeless people are often not compatible with the tightly controlled access to health care that characterizes managed care."
- "The health status of many homeless people is markedly inferior to that of traditional managed care enrollees, and is characterized by complex, interrelated conditions, including non-medical factors not usually addressed by managed care entities."
- "Data on health care utilization, cost, and outcomes have not been collected and analyzed for homeless people as a group, undermining the ability of states to effectively integrate them into managed care arrangements."

To address these issues, the Council recommends facilitating access to a suitable range of services and ensuring that information systems and payment procedures support quality health care delivery.[7.46]

Preventative services

A key informant noted, "This community has way too many people interested in this issue [homelessness] to not address it at an earlier stage." The Illinois Coalition to End Homelessness reports that preventing homelessness is three times less expensive than dealing with its consequences.[7.47] As one key informant stated, "We need some kind of a program to help people trying to work and needing help to keep afloat." This informant described a "trickle effect": "If you lose your job, you can't pay rent, or if your car broke down or one month's rent is missing, you may become homeless." The idea is to try to stop homelessness before it starts. The organizations helping low-income individuals and families in Bloomington-Normal are certainly trying to do just that.

Organizations that provide rent and utility assistance (see Figure 7.1) can prevent the slip into homelessness.[7.48] For example, the United Way of McLean County has an emergency fund that assisted 213 families between July and November of 2002 through a variety of organizations. (Please see the affordable housing discussion in section 6 for a description of Mid Central Community Action's programs.) The Continuum of Care also helps people experiencing homelessness access mainstream programs, such as Food Stamps, TANF (Temporary Assistance for Needy Families), Medicaid, mental health services, and substance abuse/addiction treatment.

[7.46] This entire paragraph is drawn from Wunsch, D., Executive Summary of "Can Managed Care Work for Homeless People? Guidance for State Medicaid Programs," [Internet], http://www.nhchc.org/Publications/guidance.html, (Nashville, TN: National Health Care for the Homeless Council, September 1998).

[7.47] Illinois Coalition to End Homelessness, "Welfare Reform," [Internet], http://www.illinoiscoalition.org/projects.html, (accessed January 2003).

[7.48] Note, however, that some research shows that programs providing emergency cash assistance for families need to target those most at risk. See Pew Partnership for Civic Change, "Thriving Neighborhoods: Affordable Housing," [Internet], http://www.pew-partnership.org/neighborhoods/neighborhoods.html, (2002).

In December 2002, one service provider noted, "We're getting a lot of evictions lately."[7.49] Several studies indicate that legal assistance or representation for tenants at eviction proceedings substantially increases the chance that the tenant can win the case or come to an agreement with the landlord.[7.50] Local providers may need to increase their work with Prairie State Legal Services, private law firms, and the Collaborative Solutions Institute to help renters reach mediated solutions with landlords. On the policy side, those leaving institutions (correctional, foster care, health care, etc.) need to have exit strategies in place to help them reintegrate into the community.

All social service providers must continue to try to meet to the needs of those at risk for homelessness. In November 2002, Clare House reported that 90 to 100 people were lining up for food on distribution days, twice as many as last year.[7.51] These people may be trying to avoid the difficult choice of buying food or paying the rent, filling a prescription or sending in their gas bill. All social service organizations, in fact all members of the community, have a role to play in preventing homelessness.

[7.49] Richardson, S., "HUB Prepares to Give Warm Holiday to Homeless."
[7.50] Pew Partnership for Civic Change, "Thriving Neighborhoods: Affordable Housing." Note that ROSIE data show that 48 individuals served through the Homeless Services Center HUB received legal assistance. PATH (Providing Access to Help), "McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected," handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).
[7.51] Richardson, S., "Donations Fill Food Bins at Record Pace," *The Pantagraph*, (Bloomington, IL, November 5, 2002).

7. Supportive Services: Resources and Needs

8. Conclusions, Recommendations, and Models

Conclusions

Bloomington-Normal's existing network of services, both mainstream and specifically for people experiencing homelessness, is clearly a strength. As noted in *Assessment 2000*:

> McLean County has more than enough of everything necessary to support the needy, empower the powerless, include the marginalized, and develop innovative approaches to challenges. Its leaders, service providers, and residents are in the enviable position of merely having to agree on the health and human service goals they wish to achieve and combine their considerable resources and energies to accomplish these goals.[8.1]

Many study participants felt that the McLean County Continuum of Care has gone a long way toward improving the communication and coordination of resources specifically for people experiencing homelessness. The community has also demonstrated support for organizations serving people experiencing homelessness; for example, when *The Pantagraph* has publicized needs, the community has responded with financial and other donations.[8.2]

Assessment 2000 projected that working poverty would be the biggest challenge to the McLean County social service system during the first years of the 21st century.[8.3] And in light of the current sluggish economy, government budget shortfalls, and the aftermath of welfare reform, the community may find its numbers of individuals and families experiencing homelessness continuing to increase. Four overlapping themes that can guide efforts to address homelessness pressures emerged from this study: communication, collaboration, social connection, and community education.

Communication. In response to rising demands to serve people experiencing homelessness and those at risk for homelessness, local organizations should continue to improve communication. Some study participants—both providers and people experiencing homelessness—reported not knowing about available resources in the community. While PATH (Providing Access to Help) is an excellent resource, study participants suggested that its *Directory* would be more user-friendly online or on disk. Computer networking among local organizations is an option, although likely an expensive one; a well-maintained Website with thorough and current information about services, availability, and eligibility is another possibility.[8.4] Organizations serving people experiencing homelessness might each consider who in this

[8.1] Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000), 127.
[8.2] Richardson, S., "Needed Donations Pour into Jesus Coffeehouse," *The Pantagraph*, (Bloomington, IL, January 29, 2003). In addition, PATH announced at the November 20, 2002, Continuum of Care meeting that *Pantagraph* articles had boosted funds for emergency motel stays.
[8.3] Applied Social Research Unit, *Assessment 2000*, 127.
[8.4] *Assessment 2000* also included both of these suggestions. Ibid., 128.

community also has contact with this population and therefore needs to know about available services. Knowledge of services can lead to increased and better referrals. Several organizations requested training, e.g., from PATH about social service availability, while others mentioned that they had offered training and presentations to another local organization but that the offer had been refused. One service provider felt that training must be offered free of charge to allow the greatest number of individuals and organizations to participate. Recognizing that time and money are very tight for local service providers, organizations need to make every effort to take advantage of each other's areas of expertise.

Collaboration. The Continuum of Care and its member organizations have certainly demonstrated an ability to collaborate. They can continue to solicit an increased level of collaboration within and outside of their network. Plans of the Bloomington Coalition for the Homeless to convert some of Second Presbyterian Church's space to a day center are an excellent example of pulling together to put resources to work for the community. Participants in this study suggested that churches could play a bigger role in building social connections with people experiencing homelessness, e.g., through one-on-one mentoring and fellowship. Study participants also emphasized collaborative possibilities between local businesses and service providers to people experiencing homelessness, particularly around the issues of employment and transportation. Businesses located downtown particularly stand to benefit from services provided to people experiencing homelessness. The Downtown Bloomington Association has already contributed funds for the proposed day center; these and other businesses could consider additional ways to get involved.[8.5] People experiencing homelessness must be seen as stakeholders and potential volunteers, not just passive recipients, in these partnerships.

Social connection. One of the most powerful conclusions of this report is that people experiencing homelessness need basic, respectful human connections, to each other and to others in the community. This need is one that every individual and organization in Bloomington-Normal can address immediately—by volunteering time in direct service to people experiencing homelessness, by giving money to those organizations working to empower them, and by taking opportunities to talk and to listen empathetically. Drew Buscareno, Director of the acclaimed Center for the Homeless in South Bend, Indiana, said in a Community Health Partnerships Internet listserve discussion of homelessness surveys:

> My general recommendation is . . . [to] ***move beyond strictly economic, medical, mental health, and educational information and delve into the degree of social connectedness.*** We believe a ***primary difference between the homeless poor and other people in poverty is the degree to which people are connected to family, friends, and social institutions.*** Addictions and other mental health conditions reduce a person's capacity to form constructive relationships in their lives. [emphasis added]

With outreach from individuals and organizations in Bloomington-Normal, these constructive relationships can begin to form. The community must recognize the contributions of people experiencing homelessness and intentionally include these individuals and families in community activities and social service planning. We all need to see the person before the homelessness, to recognize the person's contributions and potential, and to encourage the achievement of that potential—this is how we all want to be treated.

Community education. Essential for expanding collaborations and building the social connections described above is awareness and education. Social service providers need to foster empathy and compassion for people experiencing homelessness in Bloomington-Normal. Education of

[8.5] *The Pantagraph*, "Monday Memos: DBA to Help Homeless Day Center," (Bloomington, IL, January 13, 2003).

the broader community is vital for developing the political and social will to act for change. With knowledge of the social service network and the barriers that people experiencing homelessness face, Bloomington-Normal residents will be able to assist social service providers in addressing problems. Education can spur community members to get involved—in advocacy, in direct service, in prevention, and most importantly, in compassion.

Recommendations

Research activities and resulting information suggest the following recommendations for strengthening Bloomington-Normal's work with people experiencing homelessness. Some of the recommendations apply to the community and its service providers generally; some apply to The Salvation Army and/or its Safe Harbor Shelter; some apply to both the community and The Salvation Army/Safe Harbor Shelter. For example, both entities can *use* this report and existing community reports (e.g., *Assessment 2000*) to stimulate discussion and planning, to identify needs, and to document needs for grant proposals.

Expand/ensure resources for multiple populations. By carefully considering the supply of and demand for community resources (e.g., various types of housing), organizations can determine which of several specific populations to address with new and/or expanded services. Participants in this study mentioned the need to support the following populations: single men and women; women with children (especially several children); families; ex-prisoners reentering the community; those with substance abuse disorders, mental illness, and/or other disabilities; and teens under age 18. Seemingly everyone is included in this list. The point is that organizations need to be clear about whom they wish to serve and to work together to ensure that no one slips through the cracks.

Implement day center. The collaborative efforts of the Bloomington Coalition for the Homeless are an excellent start at working together to address an ongoing community need. Combining this day center with Homeless Services Center HUB programs, within a one-stop shop, will facilitate outreach, case management, and service provision. Organizers should consider how screening and/or services for those with substance abuse and/or mental health problems could be provided on-site. See section 7 of this report for additional suggestions about what a day center might include.

Initiate supportive employment. Information from research activities suggests that supportive employment could assist people experiencing homelessness in attaining self-sufficiency. The Continuum of Care could expand its job development services to include not only training and job search assistance but also job coaching.[8.6] Stronger relationships among businesses, nonprofit organizations, and emergency shelters could increase opportunities for supportive job placements in a variety of environments. The Occupational Development Center's work can provide ideas for how services to people experiencing homelessness might be structured.

Improve access to disability services. *Assessment 2000* and this study identified gaps in availability of care for uninsured and low-income people with mental and substance abuse disabilities

[8.6] A January 28, 2003, letter from PATH (Providing Access to Help), the lead Continuum of Care organization, requests proposals from local organizations to provide job developer and employment support services, including "on-the-job coaching services."

(including those dually diagnosed).[8.7] The McLean County Health Department, organizations directly providing these services, and organizations targeting people experiencing homelessness should consider how they can work together to expand/extend services to low-income people with disabilities.

Locate services with housing. As recommended in *Assessment 2000*, service providers can enhance their effectiveness by "co-housing information and services."[8.8] For organizations working with people experiencing homelessness, suggestions include strengthening case management and tying it to emergency shelter, locating services within a day center (as mentioned above), and developing additional supportive housing options (which potentially cost the same as or less than, and are more effective than, supporting persons experiencing homelessness through emergency shelter facilities and revolving social services).[8.9]

Intensify focus on prevention. Communities can begin to craft long-term solutions to homelessness by considering and addressing its "root" causes. In addition to existing rental, utility, and other emergency assistance programs, as well as the Continuum of Care's efforts to help people experiencing homelessness access mainstream programs (e.g., Food Stamps), local providers may need to help renters reach mediated solutions with landlords. Furthermore, Bloomington-Normal must continue to address affordable housing issues (as suggested in *Assessment 2000* and the Community Advocacy Network's recent study of affordable rental housing needs), which will help to prevent homelessness and provide resources for those transitioning out of homelessness.[8.10] Relationships with and incentives to landlords and developers can result in mutually beneficial arrangements. The National Housing Institute asserts that 15 years of research support the importance of housing, above all else, in ending homelessness:

> Providing housing helps currently homeless people leave homelessness; in fact, without housing, virtually nothing else works. Housing often needs to be accompanied by supportive services, at least for a time, but such services without the housing do not end homelessness.[8.11]

Investigate models. As discussed below, knowledge of model shelters and supportive services can help Bloomington-Normal organizations improve upon others' successes. These models and best practices can give a sense of the range of approaches to homelessness and stimulate new ideas. Use of models, particularly those that have been evaluated as successful, can strengthen fund-raising efforts.

Models

Model facilities and services for people experiencing homelessness are sources of both practical information about what has worked in other communities and potential inspiration for what could work in Bloomington-Normal. By looking at such models, social service providers can benefit from and build upon the insights and experiences of other communities working with people experiencing

[8.7] Applied Social Research Unit, *Assessment 2000*, 128-129.
[8.8] Ibid., 128.
[8.9] Burt, M.R., "Washington News and Views: Time for a Common Sense Policy on Homelessness," *Shelterforce Online*, 122, [Internet], http://www.nhi.org/online/issues.html, (March/April 2002); Corporation for Supportive Housing, [Internet], http://www.csh.org/index.html, (accessed January 2003).
[8.10] Applied Social Research Unit, *Assessment 2000*, 52; Community Advocacy Network, *A Comprehensive Study of Affordable Rental Needs in the Bloomington-Normal Community*, (Bloomington, IL, Summer 2002).
[8.11] Burt, M.R., "Common Sense Policy."

homelessness. Although most of these models are located in cities much larger than Bloomington-Normal, each has aspects that this community could replicate on a smaller scale and features that study participants suggest are necessary locally.

The following five models—identified by leading organizations in the areas of housing and homelessness—relate to some of the important issues that emerged during this research project. These models are a starting point: *Assessment 2000* includes a list of Websites and publications for additional research into health and human services models.[8.12] Although the Department of Housing and Urban Development has discontinued its posting of best practices at this time, other organizations (e.g., National Alliance to End Homelessness) continue to provide ideas. For affordable housing models, see Appendix A of the Community Advocacy Network's report.[8.13] Study participants also suggested some models. For instance, The Salvation Army can look to other Corps' shelters and services as potential models. One informant strongly endorsed The Salvation Army's Adult Rehabilitation Centers (for people with substance abuse problems) in Illinois and neighboring states, particularly the Davenport, Iowa facility. In addition to the models described below, references elsewhere in this report to shelter and supportive services in other communities indicate additional sources of information.

One-stop approach: Philadelphia Housing Support Center (Philadelphia, Pennsylvania)[8.14]

The Philadelphia Housing Support Center targets both people experiencing homelessness and those at risk. In the second half of 2002, this one-stop shop with a staff of about 30 served people transitioning from emergency shelters, transitional housing, the correctional system, and substance abuse and behavioral health programs, as well as others who face barriers to housing (e.g., someone refused public housing due to large debts or criminal convictions). The National Alliance to End Homelessness summarizes the Center's approach:

> Pulling together resources such as Family Unification Program Vouchers, TANF [Temporary Assistance for Needy Families] dollars, and other mainstream and homeless program funds, the Center serves as a "one-stop shop" for housing resources—providing both prevention and back-door mechanisms to decrease the actual number of people experiencing homelessness while helping to reduce the length of time others have to remain homeless.

The Housing Support Center's priorities include concentrating on prevention and diversion, shortening lengths of stay in emergency shelters, increasing access to permanent housing, making full use of mainstream services, and using "a housing first approach." Local government collaboration, particularly the housing authority's provision of Housing Choice Vouchers to families seeking permanent housing, has been critical in the success of this initiative. Case management is available for up to a year for these transitioning families. The Center continues to attract staff and resources from social service organizations, leading to greater coordination among providers. This coordination helps to keep people from falling through the cracks. For example, the Emergency Relocation Program targets those who do not fit any of the program models by moving them into apartments and giving them thorough case management to help them overcome barriers to relevant programs. During its first year of operation, the Center "reduced the length of shelter stay and provided permanent housing with services" to 600 to 800 families.

[8.12] Applied Social Research Unit, *Assessment 2000*, 124-125.
[8.13] Community Advocacy Network, *Affordable Rental Needs*, 23-38.
[8.14] National Alliance to End Homelessness, "Best Practices and Profiles," [Internet], http://www.endhomelessness.org/best, (accessed January 2003).

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Day center: Horizon House (Indianapolis, Indiana)[8.15]

Guided by a study about day centers done for Indiana's Coalition for Homelessness Intervention and Prevention, Horizon House provides a safe place every day of the week for people experiencing homelessness.[8.16] Amenities in the 21,000-square-foot facility include storage space, laundry facilities, and showers. "Personal hygiene items and basic survival resources" are also available. Clients have access to a telephone and voicemail; they can use the day center's address to receive mail. Supportive services include outreach, case management focused on client strengths, legal assistance, veterans' services, a medical clinic, training and employment assistance, and mental health and substance abuse treatment. The day center serves those who are living on the streets or in shelters and those with housing who have experienced homelessness within the last six months. Clients complete a short intake process. Between August 2001 and May 2002, Horizon House served 5,143 people experiencing homelessness, 40 percent of whom reported staying on the street. In a January 2002 Horizon House survey, 88 percent of guests indicated that Horizon House services had benefited their safety and health, 76 percent reported an improved economic situation, and 73 percent stated that their housing situation had improved. The organizational Website indicates that "Horizon House, on average, moves one homeless neighbor off the street for each day we are open."

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Emergency shelter: Volunteers of America Crossroads (Sandusky, Ohio)[8.17]

Volunteers of America Crossroads operates both an emergency shelter and transitional housing. People experiencing homelessness begin the stabilization process through supportive services at the emergency

[8.15] Information and Referral Network, Inc., "Central Indiana Human Services Database," [Internet], http://www.imcpl.org/cgi-bin/irnfull.pl, (accessed January 2003); Horizon House, [Internet], http://www.horizonhouse.cc/index.html, (accessed January 2003).
[8.16] Hudson, A.M., and Day Services Planning Committee, *Day Services for Homeless Persons in Marion County: Report of Findings and Community Planning Recommendations*, (Indianapolis, IN: Coalition for Homelessness Intervention and Prevention, Inc., October 1999).
[8.17] Community Advocacy Network, *Affordable Rental Needs*, 34-36.

shelter. This one-stop shop includes case management, substance abuse and mental health counseling, health care services (through the local health department), money management instruction, and HIV/AIDS education; all services are available on-site. Participants develop a self-sufficiency plan after writing an autobiography with the help of staff. This plan, which includes monthly budget sheets, helps participants progress through a series of levels intended to break the cycle of homelessness. Stays at the emergency shelter are a maximum of 30 days. Staffed daily and around the clock, the facility is 1,500 square feet, with two 16-bed dormitories, 31 individual rooms, 6 family units, a common area, a full kitchen, separate bathroom facilities for individuals and families, 2 laundry rooms, and a children's outdoor play area. Those staying at the shelter have access to pay phones and computers. A combination of government (federal, state, and local), corporate, and foundation support made this new shelter facility possible. Since its complete implementation in January 2000, the program has had a substantial impact on its clients: 95 percent have found employment; 33 percent are taking part in counseling for mental health and/or substance abuse; and 50 percent are in permanent housing.

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Transitional supportive housing: McAuley Village (Providence, Rhode Island)[8.18]

A 23-unit transitional housing complex, McAuley Village houses single parents in return for 30 percent of their income and adherence to individualized contracts specifying the tenant's goals and objectives. McAuley Village programs address homelessness, domestic violence, substance abuse, unemployment, and crime. With a staff of about 20, services include an on-site day care center and library, tutoring and mentoring, employment and housing services, and English as a second language classes. McAuley Village targets low-skilled single parents who are at least 20 years old. The facility has 24-hour security, in addition to curfews and monitoring of guests. Since 1990, McAuley Village has served more than 80 families and 160 children.

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[8.18] United Nations MOST [Management of Social Transformations Programme] Clearing House, "Best Practices for Human Settlements," [Internet], http://www.vcn.bc.ca/citizens-handbook/unesco/most, (accessed January 2003); McAuley Institute, "The Shelter of Mercy," *Housing Gazette*, (Silver Spring, MD, Winter 2002), 6.

Permanent housing with short-term supportive services: Beyond Shelter (Los Angeles, California)[8.19]

Recognized as a national model by the Pew Partnership for Civic Change, Beyond Shelter's Housing First program puts "chronically homeless" and at-risk families into permanent housing at once, before providing them with job counseling and other supportive services. Living in a stable home, families are better able to overcome obstacles (e.g., substance abuse) and take advantage of opportunities (e.g., GED [General Educational Development] instruction). The Pew Partnership credits Housing First with breaking the cycle of homelessness by addressing the long-term needs of families. Eligible families experiencing homelessness (usually staying at an emergency shelter), include children under the age of 18, and have incomes at or below the federal poverty level. Once referred to Beyond Shelter, the family works with staff to tailor a Family Action Plan outlining necessary services to stabilize the family and build community connections. Housing First's housing relocation specialists maintain partnerships with public and private sector housing providers so that the family can move immediately into rental housing. Families then receive a minimum of six months of intensive case management. A two-year evaluation by the University of Southern California found that 90 percent of families had no debt and that 91 percent had paid their rent on time for three months in a row. Six months after moving to permanent rental housing, 97 percent of those families overcoming domestic violence reported being violence-free.

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[8.19] Pew Partnership for Civic Change, "Beyond Shelter Receives National Recognition," [Internet], http://www.pew-partnership.org/newsroom/results/losAngeles.html, (May 20, 2002); Pew Partnership for Civic Change, "Innovative Homeless Program Gives Hope a Place to Live," [Internet], http://www.pew-partnership.org/programs/solutionsForAmerica/, (2002). See also National Alliance to End Homelessness, "Best Practices and Profiles."

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